

MEN'S TEAM MEMBER EXPENSE REPORT

NAME _____

ADDRESS _____
(INCLUDE CITY & ZIP CODE)

NAME OF RACE _____ DATE OF RACE _____

TEAM CAPTAIN _____ TODAY'S DATE _____

TRANSPORTATION EXPENSES

(attach all receipts)

Airline ticket \$ _____

Rental vehicle \$ _____

Gas \$ _____

Taxi, etc. \$ _____

LODGING EXPENSES

(attach all receipts)

_____ Nights @ \$ _____ Per night \$ _____

Shared room? Yes ___ No ___

OTHER EXPENSES (excluding food, entertainment)

(attach all receipts)

Entry Fee \$ _____

Other(explain) _____ \$ _____

YOUR TOTAL EXPENSES \$ _____

AMOUNT ALLOCATED FROM TEAM BUDGET \$ _____

TOTAL DUE YOU \$ _____

SIGNATURE OF RACE CAPTAIN _____

SIGNATURE OF TEAM COORDINATOR _____

TIME _____ FINISH PLACE _____

COMMENTS _____

****RETURN THIS FORM ASAP TO THE TEAM COORDINATOR****