

ATC Women's Competitive Team Member Expense Report

Name: _____

Address (include city & zip code): _____

Name of race: _____ Date of race: _____

Team captain: _____ Today's date: _____

Transportation expenses

Airline ticket (attach receipts) \$ _____

Vehicle (attach receipts) \$ _____

Gas (attach receipts) \$ _____

Taxi, etc (attach receipts) \$ _____

Lodging expenses

___ Nights @ \$ _____ Per night (receipt) \$ _____
Shared room? Yes ___ No ___

Other expenses (excluding food, entertainment)

Entry fee (attach receipt) \$ _____

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 Race Team Captain*****