

Emerald City Academy of Rhythmic Gymnastics

EMC Reimbursement Form 2017

****Please attach a copy of all receipts, and submit within 72 hours****

Coach: _____

Athletes: _____

Dates : _____

Event: _____

Date	Airfare	Lodging	Ground Transport (Gas, Rental, Taxi, Parking)	Breakfast \$7	Lunch \$11	Dinner \$23	U.S. \$
TOTAL							

Reimbursement per mile	\$0.540
Mileage	
Total Mileage Reimbursement	

Total Expense Amount: _____
Level of Athletes : _____
Number of Athletes: _____

EMC USE ONLY	
Approved	_____
Amount	_____
Check #	_____
Date:	_____