



Piedmont Triad FC

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Expense Reimbursement Form

Name _____ Team _____

Address _____

City, State, Zip _____ Email _____

**Expenses and mileage are only covered for tournaments and out of state game travel. All Lodging receipts must be attached.*

**Some expenses may be considered on a case by case basis for NCYSA league games for extensive travel. Contact David Upchurch or Josh Windley for approval.*

Item	Date	Event	Location	Amount
Per Diem (\$25/ day max.)				
Lodging				
Total Expenses:				

Mileage Chart

Date	Event	Start	End	Total Miles Driven
Total Miles x .56:				

Total Reimbursement Amount: _____

I hereby certify that all the above expenses are accurately recorded, and all required receipts are attached.

Signature: _____ Date: _____