

# RASC Coach Expense Form

**Please ensure form is signed by Head Coach before submission**

Receipts can be scanned or photographed. Must be compiled into a single Word doc. or PDF and emailed to [executivedirector@medicinehatsoccer.com](mailto:executivedirector@medicinehatsoccer.com)

**Tournaments/Exhibition Games Expenses** are due once team's BINGO requirements are completed

**\*Please ensure you follow the guidelines listed below.**

<p style="text-align: center;"><b><u>Gas Receipt Process:</u></b> *receipts must be provided</p> <p>1) Fill tank <u>before</u> leaving Medicine Hat. You <b>do not</b> receive reimbursement for this expense, however, <b>please submit this receipt.</b></p> <p>2) Keep receipts each time you fill your tank while at Tournament/Exhibition Games.</p> <p>3) Fill tank <b>immediately upon arriving back</b> in Medicine Hat - this is the last receipt you can submit.</p>	<p style="text-align: center;"><b><u>Meal Receipt Process:</u></b> *receipts must be provided</p> <p style="text-align: center;"><b>Up to \$60/day for all Meal (Breakfast, Lunch and Dinner)</b></p> <p><b>Please Note:</b> Alcohol will <b>NOT</b> be covered, please adjust your claim amount accordingly.</p>
<p><b>Please Note: Original itemized receipts must be submitted. Debit receipts only WILL NOT be accepted.</b></p>	

<b>Team Name:</b>		<b>LOCATION</b> of Tournament/Exhibition Game:	
<b>Coach Name:</b>		<b>DATE</b> of Tournament/Exhibition Game:	
<b>Address:</b>		<b>Season:</b> _____	<b>Indoor OR Outdoor</b>
<b>Postal Code:</b>			

DATE	RECEIPT DESCRIPTION	HOTEL	FUEL	MEALS	SUB TOTAL
Example: 2019/20-11-01	Booster Juice - Lunch			\$ 12.00	\$ 12.00
2019/20-11-03	Best Western	\$ 120.00			\$ 120.00
2019/20-11-03	Petro Canada - upon arrival back to MH		\$ 70.00		\$ 70.00
<b>TOTAL CLAIM</b>					<b>\$</b>

**Signature Required:**

Head Coach: _____	_____	_____
Name (print)	Signature	Date