



SCSA EXPENSE REIMBURSEMENT FORM

TEAM: _____

Name: _____ Coach Board Member Referee TD Manager Other

Address: _____

Email: _____ Phone: _____

Please see instructions on reverse of this form.

EXPENSES	Date	Amount	Details	MILEAGE - Destination	KM	Amount
TOTAL				TOTAL		

**** Hand in your completed form with RECEIPTS to the SCSA Office at 885 6th Avenue NE or email to scsatreasurer1@gmail.com****

Signature: _____ Date: _____

- Mileage:** \$.30/km
- Meals:** \$30 per day or \$100 for tournament weekend Fri-Sun
- Hotels:** Maximum \$160/night incl. taxes

No expenses with the exception of meals/mileage will be reimbursed without receipt

For SCSA use only:

Approved by: _____ Signature: _____

Payment method: _____ Amount: _____

Date: _____

- Expenses will not be paid unless accompanied by necessary receipts and completed form.
- Each individual must enter their own expenses – only one person per form.
- *Hotel sharing*: enter your share (% and amount) and names of roommates – individual paying for room submits receipt and is reimbursed.
- *Ride sharing*: vehicle owner claims mileage.
- All expenses are due on the Wednesday following the event.
- Please read SCSA “Expense Reimbursement Policy” at www.swiftcurrentsoccer.ca and in the Team Personnel Guide
- Meal expenses will be paid per day or per tournament weekend as per policy.
- **Mileage will be paid according to list below – distances listed are “roundtrip” from Swift Current.**
 - **Saskatoon – 540 km**
 - **Regina – 486 km**
 - **Balgonie – 536 km**
 - **Moose Jaw - 348 km**
 - **Yorkton – 856 km**
 - **Weyburn – 642 km**
 - **Estevan – 812 km**
 - **Medicine Hat – 450 km**
 - **Lloydminster – 880 km**
 - **Calgary – 1032 km**