$\qquad$ Team: $\qquad$
volleyball
Tournament Name or Event: $\qquad$ Tournament Site:
Travel Days:
Number of Tournament Play Days: (1, 2, 3 or 4)

|  | A | B | C | $\mathbf{D}$ | E |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Date | Hotel | Airfare | Gas | Per Diem | Other |
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| TOTALS |  |  |  |  |  |

## TOTAL CHECK TO ME FOR:

## Guidelines for expense reports:

1. Reimbursement is for $1 / 2$ of the "meal per diem" for the travel day before a tourney (or if departing in AM on return day)
2. Gas allowance is up to $\$ 50$ per tournament outside of Erie County without receipt. Receipts must be provided
for amounts exceeding $\$ 50.00$ for gas. Coaches must share rides to all tourneys and only one coach will be reimbursed.
3. Per Diem rates are listed in table to the left above. This is a per diem amount, so no reciepts are needed.

Food expenses above the per diem rate will not be reimbursed.
4. Receipts for hotel and arifare must be attached to be reimbursed. Hotel expenses for one day tournaments less than 2 hours from the BNCC must be approved. Unexpected delays occuring due to weather or tournament delays will be addressed on a case to case basis
5. Coaches are asked to share rooms when possible. If a coach chooses to remain in a room alone, only half of that room will be reimbursed. If no other same sex coach is available for room sharing, the full room cost will be reimbursed.
If a "parent" coach stays alone in a room with their daughter, $75 \%$ of the room cost will be reimbursed.
6. General guidelines for air travel - Coaches are asked to drive to tournaments less than 8 hours from Buffalo.

Any roundtrip flight for distant travel costing more than $\$ 350$ RT requires approval by director via e-mail.
7. If your hotel has been reserved and paid with the NFVB credit card, please indicate so on this form AND attach reciept.
8. Extended stays at any tournament beyond play dates and travel days will not be reimbursed.
9. Expense reports may be submitted BEFORE the trip to include per diems and attached invoices.
10. Leave completed form in Office Drop Box

Please Make Checks Payable To:

Address:


