

## Official Visit Mileage Reimbursement Form

PSA Information		
Name:	Sport:	Visit Date(s):
Address:		
Total Miles: Amount of Reimbursement (\$.49/mile):		
	cumentation of the PSA's mileage (Mapqu t such documentation.	uest, etc.). This reimbursement request will not be
NCAA Legislation		
transportation costs for his or l returns to the original point of educational institution or site of	her official visit to its campus from any l f departure, or if return transportation is	y the prospective student-athlete's actual round-trip ocation, provided the prospective student-athlete provided to the prospective student-athlete's home, d round-trip expenses from the prospective student-for such transportation is prohibited.
the institution may pay round-coach as set forth in Bylaw 13.8	-trip expenses to the individual incurring 8.1.2) at the same mileage rate it allows provided the automobile is not owned o	nt-athlete travels by automobile on an official paid visit, g the expense (except the prospective student-athlete's its own personnel. Any automobile may be used by the roperated or its use arranged by the institution or any
relatives or legal guardia	ans may receive cost-free transportation	<b>relatives</b> A prospective student-athlete's friends, In to visit a member institution's campus only by prospective student-athlete travels in an automobile to
<b>Bylaw 13.5.2.2.2 Use of Automobile</b> The institution or representatives of its athletics interests shall not provide an automobile for use during the official visit by the prospective student-athlete or by a student host.		
Institutional Certification	on	
By signing below, I certify that the above information I included is complete and accurate.		
Coaching requesting this reimbursement:		
Coach Signature	Date	