



New England InterClub Council



Name _____

Address _____

Travel Expense Reimbursement Form

Appointment pursuing _____

Trial at _____

One form per event

Test session/ Competition/Event

Please Enter the First Day of Travel	1st Day		2nd Day		3rd Day		4th Day		5th Day		6th Day		7th Day		Period Totals
Personal Auto Mileage Rate: 0.565		-		-		-		-		-		-		-	
Rental/Auto															
Air Fare															
Rail Fare															
Taxi Fare															
Bus Fare															
Parking Fees															
Tolls															
Tips															
Lodging (Incl. Tax)															
Breakfast (Incl. Tax/Tip)															
Lunch (Incl. Tax/Tip)															
Dinner (Incl. Tax/Tip)															
Telephone															
Copy Expenses															
Other Expenses (please detail)															
Daily Totals															

I hereby certify that all expenses claimed above were incurred training for USFSA trial judging and accounting appointments.

Signature: _____

Date: _____

Signature: _____
Test Chair/Competition Chair

Date: _____

Approved: _____
Neicc Challenge Cup Oversight Committee

Date: _____

Return Reimbursement form and receipts to:

Julie Harte

9 Hillsdale Rd

Randolph, MA 02368

Julpool@aol.com

Deadline for receipts of forms

one year from acceptance of application

Reimburse by:

Check _____

TOTAL from Above	
Due from NEICC	