



New England InterClub Council



Name \_\_\_\_\_

Address \_\_\_\_\_

Appointment pursuing \_\_\_\_\_

Trial at \_\_\_\_\_

Test session/ Competition/Event

# Travel Expense Reimbursement Form

One form per 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)															
<b>Daily Totals</b>															

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](mailto:Julpool@aol.com)

**Deadline for receipts of forms**

**one year from acceptance of application**

Reimburse by:

Check \_\_\_\_\_

TOTAL from Above	
Due from NEICC	