

California Community College Athletic Association

Men's Women's **SOCCER PARTICIPATING TEAM EXPENSE FORM**

This expense form is to be completed by the athletic director of colleges participating in postconference competition. Use the guidelines of CCCAA Bylaw 8.1.3.

Return this form, **with copies of receipts**, to the Office of the CCCAA Executive Director **no later than two (2) weeks** following completion of the state championship or team will **not** be reimbursed.

College _____ # in party: **Maximum 25**

Reporting for: (please check to identify event)

North Rnd 1 North Rnd 2 North Rnd 3 State

South Rnd 1 South Rnd 2 South Rnd 3

Opponent _____ Place _____ Event Date _____

Transportation

See CCCAA Mileage Chart (next worksheet) for \$ amount per mile multiplier [¢]

of round-trip miles traveled _____ X _____ = _____ \$0.00

Meals (not to exceed \$20.00 per person per day)

			# in party		# of days			
Breakfast	\$4.00	X	_____	X	_____	=	\$0.00	
Lunch	\$6.00	X	_____	X	_____	=	\$0.00	
Dinner	\$10.00	X	_____	X	_____	=	\$0.00	
Total meal expense							=	\$0.00

Lodging (Only for trips exceeding 300 round trip miles [if less than 300 round-trip miles, must be approved by CCCAA Executive Director in writing prior to event])

Not to exceed \$20, including tax, per person per day: Maximum: # in party # of nights

\$20.00 X _____ X _____ = _____ **\$0.00**

Total Expense = \$0.00

Signatures:

College Business Officer _____ Date _____ Athletic Director _____ Date _____

Prepare in duplicate, keep a copy for your files, and send the original with receipts attached to:
 CCCAA/Reimbursement
 2017 "O" Street
 Sacramento CA 95811-5211
 FAX: (916) 492-0877