



**Piedmont Triad Football Club**

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## Expense Reimbursement Form

Name \_\_\_\_\_ Team \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

*\*Expenses and mileage are only covered for tournaments and out of state game travel. All Lodging receipts must be attached.*

*\*Some expenses may be considered on a case by case basis for NCYSA league games for extensive travel. Contact David Upchurch or Josh Windley for approval.*

Item	Date	Event	Location	Amount
Per Diem (\$25/ day max.)				
Lodging				
<b>Total Expenses:</b>				

### Mileage Chart

Date	Event	Start	End	Total Miles Driven
<b>Total Miles x .545:</b>				

**Total Reimbursement Amount:** \_\_\_\_\_

I hereby certify that all the above expenses are accurately recorded, and all required receipts are attached.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_