CIF-San Diego Section
6401 Linda Vista Road, Room 504
San Diego, CA 92111
Phone 858-292-8165
Fax 858-292-1375
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CIF-SAN DIEGO SECTION
OFFICIAL STATEMENT OF TRAVEL EXPENSE – CROSS COUNTRY 2011

This form must be completed and returned to the CIFSDS Office within ten (10) days following the contest or event. (**Due by December 9, 2011**)

School_____School Phone_____

Address_____
Street City Zip

Traveled to _____Date of Event_____

Mileage (one way)_____

X State Playoffs Sport **Cross Country**

Reimbursement request for:

Gasoline – Van or bus expenses for transportation of competing athletes. List names of athletes on back of this form.

Total amount of request = *_____
(*Maximum reimbursable amount up to $125.00 per event, per school.)

NOTE: ORIGINAL RECEIPTS ARE REQUIRED BEFORE PAYMENT CAN BE AUTHORIZED.

Submitted by_____

Title_____

Date_____

CIFSDS Approval_____Date_____
Jerry Schniepp, Commissioner

(crosscountry\travelreimbursementrequest-xc)