

Penn United Force F.C.
Expense Reimbursement Voucher

Coaches Name: _____

Team/Age Group: _____

Date(s) of Tournament: _____

Name of Tournament: _____

Food allowance _____ days X \$50.00/day Away **TOTAL:** _____

Food allowance _____ days X \$25.00/day Local **TOTAL:** _____

Mileage: _____ X \$ 0.15 per mile **TOTAL:** _____

Receipt expenses (Hotel, tolls, etc) **TOTAL:** _____

***** Receipts must be attached to this sheet before reimbursement*****