

State Tournament Expense Verification Form

**Note: Expense Forms will be handled at the Coaches Meeting
November 18, 2009, at 7:30 p.m.**

Team: _____

Motel: _____

Administrator Contact at Tournament: _____
(Name) (Title)

* Nights in Motel (circle) Wed. Thur. Fri. Sat.

Motel Assigned to: _____

Group Meals (circle)

Wed.:		Lunch	Dinner
Thurs.:	(F.C.A.)	Lunch	Dinner
Fri.:	Breakfast	Lunch	Dinner
Sat.:	Breakfast	Lunch	Dinner
Sun.:	Breakfast	Lunch	

_____ Total
(Maximum number of allowed group meals is 13.)

Practice Time (Wednesday) _____

Travel Schedule:

	To Tournament Site Departure time (approx.)	From Tournament Site Departure time (approx.)
Wed.:	_____	_____
Thurs.:	_____	_____
Fri.:	_____	_____
Sat.:	_____	_____
Sun.:	_____	_____

Signed _____ Title _____

School _____

* Failure to notify motel of departure time could result in a school paying for an additional night's lodging if the notification is not given until the day of departure.