



# Staff Reimbursement Form

Revised: 10/16/18

Each Board Member or authorized Staff Person must complete this form in order to confirm and expedite payment of authorized expenses in conjunction with USA Softball of Central California functions or activities approved by the Board of Directors and the Association Commissioner.

Member Name: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_, CA Zip Code: \_\_\_\_\_

**\*\*\*ALL Reimbursements MUST have prior approval by the Association Commissioner\*\*\***

Event Attended: \_\_\_\_\_ Date: \_\_\_\_\_

Hotel Check In Date: \_\_\_\_\_ Hotel Check Out Date: \_\_\_\_\_  
 Amount of bill to be reimbursed: \$\_\_\_\_\_ (Attach a copy of your hotel receipt)

Amount of your Air travel ticket to be reimbursed: \$\_\_\_\_\_ (Attach a copy of your receipt)  
 (\*\*AIR TRAVEL TO BE APPROVED BY USACC COMMISSIONER FIRST\*\*)

Other expenditures incurred doing USACC Staff business: \$\_\_\_\_\_  
 Please describe below and include copy of invoices/receipts/bills for products or services:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Round Trip Mileage: \_\_\_\_\_ \$\_\_\_\_\_ (Attach copy of gas receipt)

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Return completed form and copies of receipts to: USACC, PO Box 625, Clovis, CA 93613**

**THIS FORM MUST BE RECEIVED NO LATER THAN 10 WORKING DAYS AFTER TRAVEL ENDS**

*** USACC OFFICE USE ONLY BELOW ***	
Hotel _____	Total _____
Days _____	
Per Diem \$35.00 per day	
Days _____	
Mileage _____	
\$0.30 per mile or gas bill _____	
Grand Total: _____	