



Expense Report - Team Account

DATE SUBMITTED: _____

| | | | | | | |
|-----------|-------|-------|--------------------|---|--|--|
| NAME | | | DATES OF EXPENSES: | | | |
| TEAM AGE: | | YEAR: | | Academy/Pre-Academy/Black / White / Blue / Gold | | |
| ADDRESS | | | PURPOSE OF TRIP | | | |
| CITY | STATE | ZIP | APPROVED BY | | | |

| Item Date: MM/DD/YY | Mon | Tue | Wed | Thu | Fri | Sat | Sun | TOTAL |
|--------------------------------|------|------|------|------|------|------|------|-----------|
| Mileage x (\$0.535 / Mi) | | | | | | | | 0 \$ - |
| Parking, Tolls | | | | | | | | \$ - |
| Auto Rental | | | | | | | | \$ - |
| Taxi, Bus | | | | | | | | \$ - |
| Air | | | | | | | | \$ - |
| Hotel | | | | | | | | \$ - |
| Meals \$35 Daily Per Diem | | | | | | | | \$ - |
| Other (describe in detail): | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| Total Daily Expenditure | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |

THIS FORM MUST BE COMPLETED & SIGNED BEFORE A CHECK WILL BE ISSUED.

Barbara Villa

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Signature

Date