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 - 2010

This form must be completed and returned to the CIFSDS Office within ten (10) days following the contest or event.

School_____ School Phone_____

Address_____
Street City Zip

Traveled to _____ Date of Event_____

Mileage (one way)_____

X State Playoffs Sport **Wrestling**

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 = *_____

State Meet: (*Maximum reimbursable amount up to $150.00 per event, per school.)

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

Submitted by_____

Title_____

Date_____

CIFSDS Approval_____ Date_____
Dennis Ackerman, Commissioner

(wrestling\travelreimbursementrequest-2010)