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 **Track and Field**
Girls _____ Boys_____

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 = *_____
(*Maximum reimbursable amount up to **$200.00** per event, per school.)

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

Submitted by_____

Title_____

Date_____

CIFSDS Approval_____ Date_____
Dennis Ackerman, Commissioner

(track/travelreimbursementrequest.doc)