



CIF-San Diego Section
2131 Pan American Plaza
San Diego, CA 92101
Phone 858-292-8165
Fax 858-292-1375
www.cifsd.org

CIF-SAN DIEGO SECTION OFFICIAL STATEMENT OF TRAVEL EXPENSE - 2017

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 _____

Jerry Schniepp, Commissioner