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**CIF-SAN DIEGO SECTION OFFICIAL STATEMENT OF TRAVEL EXPENSE  
STATE CHAMPIONSHIPS - WRESTLING**

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

School \_\_\_\_\_

School Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip  
\_\_\_\_\_

Traveled to \_\_\_\_\_

Date of Event \_\_\_\_\_

Mileage (one way) \_\_\_\_\_

Reimbursement request for: \_\_\_\_\_

Gasoline – Van or bus expenses for transportation of competing athletes. List names of athletes on the second page 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

List of Athletes: