



CIF-San Diego Section
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 www.cifsd.org

**CIF-SAN DIEGO SECTION OFFICIAL STATEMENT OF TRAVEL EXPENSE
 GIRLS' GOLF - 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 _____

Please check one of the following:

Regional Playoffs Sport Girls' Golf
 State Playoffs Sport Girls' Golf

Reimbursement request for:

Gasoline – Van or bus expenses for transportation of competing athletes. List names of athletes on back of this form.

C. Total amount of request = * _____
Regionals - (*Maximum reimbursable amount up to \$50.00 per event, per school.)
State - (*Maximum reimbursable amount up to \$100.00 per event, per school.)

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

Submitted by _____

Title _____

Date _____

CIFSDS Approval _____ Date _____
 Jerry Schniepp, Commissioner