

CIF-San Diego Section 2131 Pan American Plaza San Diego, CA 92101 Phone 858-292-8165 Fax 858-292-1375 www.cifsds.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)				
	<u>x</u>	State Playoffs		Track and Field Boys	
Reimburseme	nt requ	uest for:			
athletes on ba Total amount	of requ	•		competing athletes. <u>List names of</u> event, per school.)	
NOTE: ORIGINAL RECEIPTS ARE REQUIRED BEFORE PAYMENT CAN BE AUTHORIZED.					
Submitted by					
Title					
Date			_		
CIFSDS Appro	val	Jerry Schniepp, Com		Date	
		Jerry Jerniepp, Con			