



CIF-San Diego Section  
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**CIF-SAN DIEGO SECTION OFFICIAL STATEMENT OF TRAVEL EXPENSE**

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) \_\_\_\_\_

State Playoffs Sport Cross Country

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 \$125.00 per event, per school.)

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

Submitted by \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

CIFSDS Approval \_\_\_\_\_ Date \_\_\_\_\_  
Jerry Schniepp, Commissioner