DISTRICT XI - PIAA COMMITTEE EXPENSE REPORT

Check No.:_____

NAME: _____ **DATE:** _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

(If expense pertains to a particular sport, please specify where indicated.)

TRANSPORTATION - $0.55 per mile (If Round Trip, please use one line.) (prior to Jan. 1, 2009 rate was $0.585)

Date	From	To	Miles	Sport	Subtotal
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
				Mileage Total:	**$ -**

ROOM - Attach Invoice

Date	Hotel Name	Sport	Subtotal

FOOD & REFRESHEMENTS (Itemized Reciept MUST be attached)

Date	Restaurant / Store Name	Sport	Subtotal

GAME MANAGER'S FEE

Date	School	vs.	School	Sport	Subtotal
		vs.			
		vs.			
		vs.			
		vs.			
		vs.			
		vs.			

MISCELLANEOUS (Please Explain)

Date	Description	Sport	Subtotal

TOTAL AMOUNT OF REIMBURSEMENT DUE…….. $ -

VALIDITY VERIFICATION

Member Signature	**Chairman Signature**	**Treasurer Signature**