



Operations Manual  
Section XI – Committees  
G – Finance / Budget

**VOUCHER FOR REIMBURSEMENT OF EXPENSES**  
For Tournament Director and Support Activities

**Specify which Tournament:**

Open: \_\_\_\_\_; Women’s Only: \_\_\_\_\_; Trios: \_\_\_\_\_; Senior: \_\_\_\_\_; Mixed: \_\_\_\_\_,  
Youth Championship: \_\_\_\_\_; Youth/Adult Doubles: \_\_\_\_\_;  
Youth Pepsi Sectionals \_\_\_\_\_; Youth Pepsi Finals: \_\_\_\_\_; Youth Scratch Masters: \_\_\_\_\_

MAKE CHECKS PAYABLE TO: \_\_\_\_\_

FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

**EXPENSES:**

PER DIEM \_\_\_\_\_ DAYS @ \$20.00 PER DAY \_\_\_\_\_

PER DIEM \_\_\_\_\_ DAYS @ \$10.00 PER DAY \_\_\_\_\_

MILEAGE \_\_\_\_\_ MILES @ \$0.35 PER MILE \_\_\_\_\_

**NOTE: \$.40 per mile when gasoline cost is \$4.00 per gallon or more.**

SPECIFY), e.g. Lodging, Meals, Airfare, Taxi, Ferry, Parking, Office Supplies, Support Staff, etc.

TOTAL EXPENSES: \_\_\_\_\_

*Tournament Director Approval with Initials*

**Please attach any receipts to support your reimbursement request.**

Signature of person requesting reimbursement

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Mail or E-mail this Reimbursement Request to:**

WSUSBC  
P.O. Box 920  
Kelso, WA 98626  
E-Mail: [wsusbc@comcast.net](mailto:wsusbc@comcast.net)  
Phone: 360-578-0911 FAX: 360-746-0019

**Note: Tournament Expense Reimbursement will only be after tournament completion.**