



To be filled out by Coach - Complete a form for each prospect. All receipts and reimbursements must be in coaches name listed on this form.

PSA Name _____ Sport _____ Coach _____
Only coach listed here may receive reimbursement from this form. Credit card receipts cannot be in anyone's name other than the person being reimbursed.

Complete the following if the PSA will be reimbursed directly for any expenses

Address of PSA _____

204 form Received from person being reimbursed. Yes No

LODGING

On-Campus Off-Campus Location: _____

Person(s) Receiving Lodging: _____

Cost information will be added to Excel Spreadsheet

Meal Provided (Breakfast, Lunch, Dinner)	Time/Date	Location

TRANSPORTATION

48 Hour Rule Trigger – Indicate when PSA was either entertained or came to campus.

Arrival Date: _____ Time: _____ Departure Date: _____ Time: _____

Accompanied by: _____ Relationship: _____

FLIGHT -- Attach itinerary

Arrival: From _____ To _____ Date _____ Time _____

Departure: From _____ To _____ Date _____ Time _____

CAR/MILEAGE

Departure City: _____ Return City: _____

Owner of Automobile: _____ License Plate Number: _____

Mileage reimbursement formula is # of miles * mileage rate
Mileage determined by using Map Quest, which must be attached to this form

Coach's Signature: _____

Date: _____

APPROVED by Compliance: _____

Date: _____