



**To be filled out by Coach** – Amounts in red are totaled and listed in summary at bottom of form.  
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**

Lodging: On-Campus \_\_\_\_\_ Off-Campus \_\_\_\_\_ Location \_\_\_\_\_

Person(s) Receiving Lodging: \_\_\_\_\_

Expense by source BTA \_\_\_\_\_ Trade \_\_\_\_\_ PSA \_\_\_\_\_ Coaches Funds \_\_\_\_\_

Meal Provided ( Breakfast, Lunch, Dinner)	Time/Date	Location	Cost enter total cost of meal	Revenue Source Enter amount used from each revenue source		
				Trade	Advance/Debit card	Coach
Day 1						
Day 2						
Day 3						
<b>TOTALS</b>	Enter sum total for each column					

**STUDENT HOST**

Attach signed student host receipt

Amount Issued \_\_\_\_\_ Amount Returned \_\_\_\_\_ Amount Used \_\_\_\_\_

Expense by source Coaches Funds \_\_\_\_\_ Advance \_\_\_\_\_  
(list amount used from each revenue source)

