

SUBMIT TO: Jeff Cluff Dixie State College
Athletics
225 S 700 E
St George UT 84770

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

PLEASE PRINT OR TYPE

MEETING DATES	LOCATION	
_____	_____	_____

Cash Expenses:

Transportation:

Air/Rail (attach ticket receipts).....\$ _____

Personal car mileage \$ 0.32 per mile.....\$ _____

Parking fees and tolls.....\$ _____

Taxis and limousines (including tips).....\$ _____

Hotel charges (attach receipts).....\$ _____

Meals (including tips) \$ 27.00 per day.....\$ _____

Miscellaneous.....\$ _____
(please itemize)

Total Cost.....\$ _____

Your Signature: _____ Approved: _____

Reimbursement by Region if individual stays the duration of tournament (sport chair) or meetings (Assistant Region Directors), etc.