*To request reimbursement, please fill out this form and email to the MCSA Treasurer at* [*mcsatreasurer@collegesailing.org*](mailto:mcsatreasurer@collegesailing.org)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | <Name> | **Trip Date/s** | <Insert Dates of Travel for MCSA Purposes> |
| Email | <Email> | Travel Purpose | <Insert Event/Location/Trip Name> |
| Regatta Official Type | <JUDGE or PRO> | Officer Mailing Address | <Insert Current Mailing Address for Check to be Mailed> |

### TRIP ITINERARY[[1]](#footnote-1)

|  |  |  |
| --- | --- | --- |
| **Dates** | **Location** | **How spent** |
| Date | Location | How spent |
| Date | | Location | How spent |
| Date | | Location | How spent |
| Date | | Location | How spent |

### Expenses[[2]](#footnote-2)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ID | **Category** | **Dates** | **Details** | **Amount** |
| 1 | Transportation | Date | Air | Parking | Rental car | Taxi | Other | Item not listed | **Amount** |
| 2 | Self Drive / Non-Rental Car | Date | **Mileage** Location From>Location To | **Amount** |
| 3 | Lodging | Date | **Name/Description** Location | **Amount** |
| 4 | Meals | Date | **Name/Description** (Not to exceed $50/day) | **Amount** |
| 6 | Other | Date | **Purpose** Purpose | **Amount** |
|  |  |  | Total amount owing to MCSA Regatta Official[[3]](#footnote-3) | **Amount** |

|  |  |  |
| --- | --- | --- |
|  |  | 8/26/2023 |
| **Signature** |  | **Date** |

**APPENDIX: RECEIPTS**

**<Please Indicate ID # and Provide Photo of the Receipt for Each Expense>**

1. Please provide details about the travel, which days and what activities were being done [↑](#footnote-ref-1)
2. Please delete lines or add lines as necessary, the final report should not include any extra lines [↑](#footnote-ref-2)
3. Up to $100 maximum can be requested for reimbursement per [MCSA Policies C.3.](https://mcsa.collegesailing.org/documents/mcsa-policy)w [↑](#footnote-ref-3)