

SCOUTING REIMBURSEMENT REQUEST

NAME (PRINT): _____ EMPLOYEE #: _____

SIGNATURE _____

GAME 1

DATE: _____ SPORT: _____

TEAM SCOUTED: _____ OPPONENT _____

LOCATION: _____ SCOUTING FOR: IHS ☐ MHS ☐ NHS ☐
(Check One)

MILEAGE: _____ MEAL: _____

GAME 2

DATE: _____ SPORT: _____

TEAM SCOUTED: _____ OPPONENT _____

LOCATION: _____ SCOUTING FOR: IHS ☐ MHS ☐ NHS ☐
(Check One)

MILEAGE: _____ MEAL: _____

GAME 3

DATE: _____ SPORT: _____

TEAM SCOUTED: _____ OPPONENT _____

LOCATION: _____ SCOUTING FOR: IHS ☐ MHS ☐ NHS ☐
(Check One)

MILEAGE: _____ MEAL: _____

Attach ITEMIZED meal receipts to a separate page with tape. No credit card receipts will be accepted. Meals must be purchased en route to the game scouted. Mileage is reimbursed at the current mileage rate, (maximum of one car per trip), round trip from home campus to site of contest. Required mileage forms must be filled out and turned in for reimbursement. Meals are taxable and are reimbursed at a maximum of \$7.50/meal per person.