

AVC Reimbursement Request Form for 2nd Hotel Night and/or Distance >120 mi

This form must be completed when requesting reimbursement for:

(check what applies)

- ☐ 2nd hotel night of a 2 day tournament
- ☐ distance to tournament is >120 mi and my team starts pool play at 8 am

Your Name:	
Mailing Address:	
cell:	
email:	

Tournament Name & Location:	Distance from DC Gym to tournament venue:	Pool Play start time for your team:	Friday night date:	Hotel Name:	Hotel Location:	Was this the hotel your team stayed at? Yes / No	Room Rate:
Other Comments:							

Signature:	Date:
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Coaches must submit his/her Hotel Receipt for all hotel reimbursements via **USPS or emailed to treasurer@alexvolleyballclub.org**.

This form is only required if there is additional request for hotel reimbursement based on the above criteria.

This additional reimbursement request will be reviewed by AVC board for consideration and you will be notified of the board's decision.

All receipts and request forms must be turned into AVC Treasurer for reimbursement check within 30 days.

Alexandria Volleyball Club, PO Box 93, Alexandria, MN 56308