Syracuse Chargers Track Club, Inc.

Athlete Reimbursement Request Form

Athlete Information

Athlete Name:

Address:

Phone: **Email:**

Event Information

Race / Event Name:

Event Date: **Event Location:**

Expense Details

Expense Category	Amount Paid	Receipt Attached
Race Entry Fee	$	☐
Airfare	$	☐
Hotel / Lodging	$	☐
Ground Transportation	$	☐
Other (specify below)	$	☐

Other, specify:

Total Reimbursement Requested:

Required Documentation

Please attach:

- ☐ Race registration confirmation and proof of payment
- ☐ Airfare receipt/itinerary
- ☐ Hotel receipt
- ☐ Receipts for any other approved expenses

Certification

I certify that the expenses listed above were incurred by me for participation in the event identified on this form. I understand that reimbursement is subject to the Syracuse Chargers Track Club's reimbursement policy and approval by club leadership.

Athlete Signature: **Date:**

Club Use Only

Approved By: _____

Approval Date: _____

Expense	Amount Approved
Entry Fee	$ _____
Airfare	$ _____
Hotel	$ _____
Other	$ _____

Total Approved Reimbursement: _____

Payment Method: ☐ Check ☐ ACH ☐ Other: _____

Payment Date: _____

Check / Transaction Number: _____

Comments:

_____

Submission Instructions

- Submit this form within 30 days of the event (or according to club policy).
- All reimbursement requests must include itemized receipts.
- Reimbursement is subject to available club funds and prior approval, where applicable.