



MERCY CYCLING TEAM



Arkansas Bicycle Coalition

2007 Expense and Reimbursement Form

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone Number: _____

E-mail Address: _____

Please check appropriate category:

Elite Rider _____ Development Rider _____ Women _____ Club _____

Event Name: _____

Event Location: _____

Event Dates: _____

Qualified Expenses

Amount

Entry Fee _____

Late Fee _____

Airfare (When Pre Approved) _____

Gas Receipt Total _____

Toll Receipts _____

Lodging (When Pre Approved) _____

Misc. _____

Justification of misc. items purchased: _____

Total Expenses

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Please attach all supporting documentation, i.e. receipts, event numbers etc..
Reimbursements will not be issued without proper supporting documentation.
All expenses are subject to review and approval by Mercy Cycling Team Management.

Submitted By: _____ Date: _____

Approved By: _____ Date: _____

<i>For Office Use</i>
Date Received: _____
Date Processed: _____
Date Mailed: _____