



Mileage Expense Reimbursement Form

TEAM (example, GU16 Gold '90):	
DATE:	TEAM ID: 2-10-188- _____
PAYEE NAME:	
POSITION (circle one): Head Coach / Assistant Coach / Trainer	
MAILING ADDRESS:	
PHONE:	E-MAIL:

The FC Alliance club reimburses a team's Head Coach, Assistant Coach and/or Trainer for a trip's out-of-area transportation expense (if the destination is further than 75 miles one way). Mileage is to be computed from Coach's residence. Payment is based upon the then current IRS Standard Mileage Rate of the trip. **The rate for 2007 is 48.5¢ per mile.** Please keep a copy of this form for your records.

TRAVEL DATE	TRAVEL DESTINATION & PURPOSE	MILES DRIVEN	RATE	EXPENSE \$
TOTAL				\$ _____

To claim this mileage expense reimbursement complete this form, sign and mail to:

F. DAYNE DAVIS
FCA Treasurer
15416 227TH Ave NE
Woodinville, WA 98077

Ddavis414@comcast.net

SIGNATURE

DATE