



PENNSYLVANIA STATE ATHLETIC CONFERENCE

Sport Liaison Expense Form For Conference Championships

Please Print

Full Name: _____

Institution: _____

Sport: _____

Mailing Address: _____

City and State: Zip: _____

Championship Date: _____

Site: _____

1. Date of departure: _____ Date of Return: _____

2. Round-trip transportation (must be over 50 miles round trip): 40¢ per mile by automobile for miles _____ from _____ to _____ \$ _____
(This is the PSAC rate – not the State rate – please abide by these figures)

3. Per diem: _____ days at \$40\$ _____

4. Lodging: PSAC will reimburse room and tax charges if individual is attending conference championship. A copy of hotel bill must be attached.....\$ _____

NOTE: If the host institution is paying for the hotel room, they will charge back the hotel expense on the Championship Financial Report.

TOTAL EXPENSES:.....\$ _____

I certify that the above is correct.

Signed: _____ Date: _____

Commissioner: _____ Date: _____