



THE NATIONAL COLLEGIATE ATHLETIC ASSOCIATION

STRATEGIC INITIATIVES CONFERENCE GRANT REIMBURSEMENT

Division III

EACH GRANT RECIPIENT MUST COMPLETE THIS FORM TO RECEIVE REIMBURSEMENT

Name: _____

Title: _____ Institution: _____

Mailing Address: _____

City and State: _____ Zip Code: _____

E-Mail: _____ Phone: _____

Location of Professional Development _____

Grant Amount Allocated. \$_____ Constituent Group Grant: AD Eth.Min. FAR SWA SAAC VP

Please itemize your travel expenses below and **include receipts** for any air travel and hotel expenses.

1. Actual air fare from _____ to _____. Ticket receipt required. \$_____

2. Round-trip transportation (must be over 50 miles round trip):
\$.50 - per mile by automobile for _____ miles. \$_____

3. Hotel (room and tax only). Copy of hotel bill required. \$_____

4. Registration. Copy of receipt required if over \$25. \$_____

5. Meals. Copy of receipts required. \$_____

6. Other (e.g., baggage, parking, taxi). Receipts required if over \$25. \$_____

TOTAL GRANT AMOUNT \$_____

☐ Check box if payment should be made payable to institution listed above.

After completing this
form, please fax or
mail (not both) the
form and your
receipts to:

Commissioner/
Conference
Executive

Signed: _____

Date: _____

Social Security Number: _____
(Required)

Approved by: _____
(Conference Executive)