



THE NATIONAL COLLEGIATE ATHLETIC ASSOCIATION

STRATEGIC INITIATIVES 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: _____

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):
\$.51- per mile by automobile for _____ miles. \$ _____
 - 3. Hotel (room and tax only). Copy of hotel bill required. \$ _____
 - 4. Registration. Copy of receipt required. \$ _____
 - 5. Meal Per Diem (\$75 per day) \$ _____
 - 6. Other (e.g., parking, taxi). Receipts required. \$ _____
- 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)