**2021 NIVC**

**Team Travel Expense Reimbursement Form (Complete at the conclusion of the tournament)**

Please complete this form and return it within two weeks following the tournament. Fill out one form for all travel**.**

**Include copies of all air/bus/lodging invoices** in order for expenses to be reimbursed. Please refer to the NIVC Handbook, Jared Rudiger (970-672-0547) or Jared@tripecrownsports.com Mail: NIVC, 3930 Automation Way, Fort Collins, CO 80525.

**School:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Game Date/Opponent:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campus Departure, Trip 1: Date:\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_ Return: Date:\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_

Campus Departure, Trip 2: Date: \_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_ Return: Date:\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_

**Air Transportation:**

Air travel arrangements have been made through Vista Travel.

(Up to 18 least expensive airline tickets in your group. Be sure to include $32.50 service fee per ticket.)

# Trip #1 flight to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost per ticket: \_\_\_\_\_\_\_\_\_ Total $\_\_\_\_\_\_\_\_\_\_

# Trip #2 flight to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost per ticket: \_\_\_\_\_\_\_\_\_ Total $\_\_\_\_\_\_\_\_\_\_

**Ground Transportation:**

Bus Company: Cost $\_\_\_\_\_\_\_

**Lodging:** (Reimbursed for up to 9 rooms per night, **including** any comps negotiated by NIVC)
All lodging arrangements have been made through Southwest Host Services.

Number of Rooms Room Rate Tax Total x Total nights

\_\_\_ Rooms \_\_\_\_\_\_\_\_\_ + \_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_ x \_\_\_\_\_\_\_\_ = Cost $\_\_\_\_\_\_

**Per Diem:** (Food)

# of Days **\_\_\_** ($500 total for a full day; $250 total for a travel day or ½ day) **$\_\_\_\_\_\_\_\_**

***(Line A)***  ***Total Air/Ground/Lodging/Per Diem*** $\_\_\_\_\_\_\_\_

Minus School’s Travel Contribution

**(School covers first $15,000 of air/ground/lodging/per diem costs for the entire tournament.)**

***(Line B)*** If Line A is less than $15,000, no travel will be reimbursed. If Line A exceeds $15,000, put $15,000 here: <\_\_\_\_\_\_\_\_>

(Line A less Line B) **Reimbursable Travel by the NIVC $ \_\_\_\_\_\_\_\_\_**

**Person Completing Form:** **Where to Send Check:**

 Name: Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Title: Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 E-mail: E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone: Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*Use multiple forms if your team travels more than twice during the tournament\***

**\*\*You may write or type on form\*\***