



## ALLOWABLE EXPENSE REIMBURSEMENT FORM

**DEADLINES FOR EACH RACE ARE LISTED ON OUR WEBSITE ON THE EXPENSE PROGRAMS PAGE**

A-T CureTeam participants who raise a minimum of \$2000 are eligible to receive reimbursement for allowable expenses not to exceed 20% of the amount raised by the Expense Program deadline for your race.

Allowable expenses are:

- Coach air fare for the participant
- Gasoline for the miles driven to and from the race weekend destination ONLY
- Hotel nights - hotel rates and maximum nights vary by race. Visit the Expense Programs page online.
- Race registration fees

**Note:** If total expenses are greater than maximum reimbursement allowed, only the maximum reimbursement allowed expense will be paid. Please submit this form along with all **ORIGINAL RECEIPTS** to: Kimberly Beisner, A-T Children's Project, 6810 N. State Rd 7, Suite 125, Coconut Creek, FL 33073 or by emailing info@atcp.org.

<b>WORKSHEET TO CALCULATE REIMBURSEMENT:</b>			
<b>INCOME</b>			<b>AMOUNT</b>
<i>Total funds raised (greater than or equal to \$2,000)</i>			
<b>20% Maximum reimbursement allowed (total funds raised x .20)</b>			
<b>ALLOWABLE EXPENSES</b>	<b>Date</b>	<b>Vendor/Service Provider</b>	<b>AMOUNT</b>
<i>Registration Fee</i>			
<i>Hotel - not to exceed the max rate or nights per race</i>			
<i>Transportation — Coach airfare (participant only)</i>			
<i>Transportation — Gasoline for miles driven to/from destination</i>			
<b>TOTAL EXPENSES:</b>			
<i>Requested reimbursement from A-TCP:</i>			
_____		_____	
<i>A-T CureTeam participant's name (please print)</i>		<i>A-T CureTeam participant's signature</i>	
_____		<i>A-TCP initials</i>	
<i>Address</i>			
_____			
<i>City, State/Prov, Zip/Postal Code</i>			

<b>SAMPLE * WORKSHEET TO CALCULATE REIMBURSEMENT * SAMPLE</b>			
<b>INCOME</b>			<b>Amount</b>
<i>Total net funds raised (greater than or equal to \$2,000)</i>			<b>\$3,500</b>
<b>Maximum reimbursement allowed (total funds raised x .20)</b>			<b>\$700</b>
<b>ALLOWABLE EXPENSES</b>	<b>Date</b>	<b>Vendor/Service Provider</b>	<b>Amount</b>
<i>Registration Fee</i>	<i>10/1</i>	<i>Walt Disney World</i>	<b>\$221</b>
<i>Hotel - not to exceed the max rate or nights per race</i>	<i>1/7-1/10</i>	<i>Coronado Springs Resort</i>	<b>\$564</b>
<i>Transportation</i>	<i>12/1</i>	<i>JetBlue Airlines</i>	<b>\$300</b>
<b>TOTAL EXPENSES:</b>			<b>\$1,085</b>
<b>Requested reimbursement from A-TCP</b>			<b>\$700</b>
_____		_____	
<b>Joe Runner</b>		<i>Joe Runner</i>	
<i>A-T CureTeam participant's name (please print)</i>		<i>A-T CureTeam participant's signature</i>	