



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.

WORKSHEET TO CALCULATE REIMBURSEMENT:			
INCOME			AMOUNT
<i>Total funds raised (greater than or equal to \$2,000)</i>			
20% Maximum reimbursement allowed (total funds raised x .20)			
ALLOWABLE EXPENSES	Date	Vendor/Service Provider	AMOUNT
<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>			
TOTAL EXPENSES:			
<i>Requested reimbursement from A-TCP:</i>			
<hr/> <div style="display: flex; justify-content: space-between;"> A-T CureTeam participant's name (please print) A-T CureTeam participant's signature A-TCP initials </div> <hr/> <div style="display: flex; justify-content: space-between;"> Address </div> <hr/> <div style="display: flex; justify-content: space-between;"> City, State/Prov, Zip/Postal Code </div>			

SAMPLE * WORKSHEET TO CALCULATE REIMBURSEMENT * SAMPLE			
INCOME			Amount
<i>Total net funds raised (greater than or equal to \$2,000)</i>			\$3,500
Maximum reimbursement allowed (total funds raised x .20)			x 20
			\$700
ALLOWABLE EXPENSES	Date	Vendor/Service Provider	Amount
<i>Registration Fee</i>	10/1	Walt Disney World	\$115
<i>Hotel - not to exceed the max rate or nights per race</i>	1/5-1/09	Port Orleans Resort	\$840
<i>Transportation</i>	1/4	JetBlue Airlines	\$300
TOTAL EXPENSES:			\$1,255
Requested reimbursement from A-TCP			\$700
<hr/> <div style="display: flex; justify-content: space-between;"> Your name here <i>Your signature here</i> </div> <hr/> <div style="display: flex; justify-content: space-between;"> A-T CureTeam participant's name (please print) A-T CureTeam participant's signature </div>			