



RETURN COMPLETED FORM TO: WASUSA  
P.O. Box 601623  
Littleton, CO 80162

**ATHLETIC DEVELOPMENT FUND REIMBURSEMENT EXPENSE FORM**

Name: \_\_\_\_\_ ADF ID: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Activity/Event Name: \_\_\_\_\_

*(Competition Name, Event, Training, Etc.)*

Inclusive Date(s): \_\_\_\_\_ Location(s): \_\_\_\_\_

**PLEASE ATTACH ALL RECEIPTS**

**Transportation**

A. Mileage Driven: Total No. of Miles X .56/mile = \_\_\_\_\_

List to and from Locations:

\_\_\_\_\_

B. Airline/Train Ticket

Desitination \_\_\_\_\_

If additional ticket purchased, name and relationship (coach, parent, etc.)

\_\_\_\_\_

C. Other:

\_\_\_\_\_

**Equipment/Supply Purchases:**

Item: \_\_\_\_\_

Item: \_\_\_\_\_

**Event/Registration Fees:** \_\_\_\_\_

**Lodgning/Meals** \_\_\_\_\_

**PAYMENT AUTHORIZATION:** By signing below, I certify that all expenses claimed were incurred in the pursuit of athletic training and/or competition and are keeping within the guidelines of the Athletic Development Fund and the mission of Wheelchair and Ambulatory Sports, USA. I also realize that any tax implications arising out of the expenses incurred are mine and not the responsibility of WASUSA

\_\_\_\_\_  
(Signature) (Print Name) (Date)

\_\_\_\_\_  
Signature of Parent (if under age 18) (Print Name) (Date)