



COACHES' EDUCATION CLINIC EXPENSE VOUCHER

Receipts must accompany this voucher.

Date of Coaches' Education Clinic: _____

Location: _____

Number of Participants: _____

Please attach a roster of those in attendance

Clinic Instructor(s): _____

Expenses:

Instructor Fee \$ _____ \$ _____

Food: \$ _____ \$ _____

Mileage: \$ _____ \$ _____

Other: \$ _____ \$ _____

_____ \$ _____ \$ _____

_____ \$ _____ \$ _____

Total Costs: \$ _____ \$ _____

Please indicate number of NFHS materials not used: _____

<i>For MIAA Use Only</i>

<i>MIAA Authorization</i>