



KENTUCKY NATIONAL INSURANCE/KHSAA
STATE BASEBALL TOURNAMENT EXPENSE VOUCHER

KHSAA Form BA115
Rev.5/11

PLEASE RETURN SIGNED BY THE PRINCIPAL OR DESIGNATED REPRESENTATIVE TO BUTCH COPE OF THE KHSAA STAFF. FAX NUMBER IS 859-293-5999 or e-mail to bcope@khsaa.org.

I hereby acknowledge that my team, _____ High School, has participated in the State Baseball Tournament and desires expenses reimbursed for said participation.

EXPENSE REIMBURSEMENT
GENERAL POLICY

An expense allowance will be paid for lodging and meals shall be paid for a traveling squad of 24 persons, to include players, cheerleaders, coaching and support staff, and administration.

LODGING

A lodging allowance shall not be paid for teams failing to stay in the property assigned by the Association. The lodging allowance shall be \$13.00 per night for a maximum of 24 persons, and will be paid for nights provided the lodging is utilized. Schools inside a forty mile one-way radius from Lexington will not receive a lodging allowance. Your school is responsible for all bills for lodging, and you will be reimbursed the lodging allowance. Please have your school or Board of Education's Sales Tax Exempt number with you at check in to allow the hotel to deduct the sales tax from the room bill.

MEALS

A meal allowance of \$5.00 per meal will be reimbursed for a maximum of 24 persons with the amount of meals corresponding to the use of housing. Your school is responsible for all meal arrangements for your team.

MILEAGE

Each school is reimbursed \$1.00 per mile, round trip for one vehicle, from the school location to Lexington, in accordance with mileage numbers provided by the American Automobile Association.

RECEIVING YOUR REIMBURSEMENT

Your expense check will be mailed from the KHSAA offices not later than 30 days following the finals and will not be mailed until this form is received by KHSAA.

NUMBER OF PARTICIPANTS
(MAXIMUM 24)

SIGNED BY:

POSITION:

REPRESENTING:

_____ High School

NAME OF HOTEL:

CHECK IN DATE:

CHECK OUT DATE
