



**PENNSYLVANIA STATE
ATHLETIC CONFERENCE**

**Sport Liaison Expense Form
For Conference Championships**

Please Print

Full Name: _____

Institution: _____

Sport: _____

Home Mailing Address: _____

City, State Zip: _____

Championship Date: _____

Site: _____

1. Date of departure: _____ Date of Return: _____

2. Round-trip transportation (must be over 50 miles round trip): 45¢ per mile by automobile
for miles _____ from _____ to _____ \$ _____
(This is the PSAC rate – not the State rate – please abide by these figures)

3. Per diem: _____ days at \$40\$ _____

4. Lodging: PSAC will reimburse room and tax charges if individual is attending
conference championship. A copy of hotel bill must be attached.....\$ _____

**NOTE: If the host institution is paying for the hotel room, they will
charge back the hotel expense on the Championship Financial Report.**

TOTAL EXPENSES:.....\$ _____

I certify that the above is correct.

Liaison: _____ Date: _____

Conference Office: _____ Date: _____