

**STATE ATHLETIC COMMISSION OF NEVADA**  
**REQUEST FOR REIMBURSEMENT (NRS 467.108)**

Date Claim Filed (Submission Deadline 30 days from Event): \_\_\_\_\_

Club Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**EVENT**

Event Name: (attach bout sheet) \_\_\_\_\_

Event Date(s): (listed on USA Boxing calendar) \_\_\_\_\_

Event Location: \_\_\_\_\_

Event Hosted By: \_\_\_\_\_

**PARTICIPANTS**

**Attach a copy of USA Boxing record book for each person**

Number of Contestants: \_\_\_\_\_

Number of Coaches: \_\_\_\_\_

Number of Chaperones: \_\_\_\_\_

**EXPENSES**

**Not to exceed \$550.00 per person**

Expenses	Amount	Approved
<b>Room</b> Attach original statement/receipt(s)		
<b>Per Diem (Meals): \$20/Day</b> Attach acknowledgement form(s) for event dates only		
<b>Car/Van Rental</b> Attach receipt(s)		
<b>Fuel</b> Attach receipt(s)		
OR		
<b>Mileage 0.25 per mile</b> Attach mileage documentation		
<b>Air Travel (No bag fees) / Bus Travel</b> Attach receipt(s) and proof of boarding		
<b>Less fundraising</b>		
<b>TOTAL</b>		

**I declare under penalty of perjury that the forgoing is true and correct.**

Grant Request verified and submitted by: \_\_\_\_\_

Signature: \_\_\_\_\_

**Submit all original receipts and original per diem form to:**

3300 W. Sahara Avenue, # 450, Las Vegas, Nevada 89102

Telephone: (702) 486-2575 Fax: (702) 486-2577

Please submit small receipts taped to a 8 1/2 x 11 sheet of paper No staples please