



Cascade Little League Procedures

Title: Travel and Expense Policy	Effective Date: January 1, 2009
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Purpose

To provide Cascade Little League Board a procedure and provide funds to Cascade Little League representatives attending trainings and conferences benefiting the Cascade Little League program.

To provide Cascade Little League Board, Managers and Coaches consistent and fair process for determining tournament team travel reimbursement and player transportation.

It is the duty of the Cascade Little League Board to be responsible for and track all league funds.

Definitions

Tournament Team – Any Cascade Little League All Star team.

Procedures

Tournament Related Travel

1. Travel reimbursement for Tournament Team travel may be paid at a rate of \$1.00 per mile for one round trip for each qualifying tournament beyond the District 7 qualifier tournament.
2. To request Tournament Team travel reimbursement, Team Manager must submit the authorized Cascade Little League Travel Expense Form.

Training Related Travel

3. Cascade Little League Board Members, Managers and Coaches may request board approval for payment of conferences and or Baseball/Softball related training, to include registration fees, meals and mileage.
4. To request training related approval, the league representative(s) must submit the authorized Cascade Little League Travel Expense Form.
5. Training related travel expense will be reimbursed at the Federal per diem mileage rate.

General Travel

1. Transportation of a team member by the team manager or coach is not recommended.
2. Little League insurance does not cover transportation of players by a team manager or coach.
3. Tournament travel reimbursement may be considered for tournament teams that qualify for State Championship and beyond.



*Cascade Little League
Travel Reimbursement Form*

Name: _____ Date: _____

Description of Travel Expenditure*: _____

Mileage: Beginning: _____ Ending: _____ Total: _____

Amount Requested: _____

Requestors Signature: _____

CLL President Signature: _____

CLL Treasurer Signature: _____

*Please attach receipts.