**Direct Pay 2018/2019**

Families are eligible to submit for Direct Pay to the gym on behalf of their athlete. Direct Pay will cover all expenses, May 30, 2018 through November 30, 2018, owed to the gym for the identified items, events or expenses related to their athlete’s participation at CheerFactor All Stars.

**Process for submitting for Direct Pay:**

* Families will submit for direct pay by filling out and emailing the CFAB Direct Pay form with the amount, to cfabreimbursement@gmail.com by the 25th day of each month before midnight. Any email received following that day and time will be eligible for direct pay the following month.
* The Team will review the submitted information and confirm the amount eligible for direct pay.
* The Treasurer will send payment to the gym by the 9th of the month.

**Items Eligible for Direct Pay:** items that are necessary to participate in the sport and/or represent Cheer Factor All Stars in a positive manner.

* Competition fees
* Crossover fee (one-time payment in November)
* Choreography
* Uniforms
* Make up
* Competition Bow(s)
* Sneakers
* Practice uniforms

**Items NOT Eligible for Direct Pay:** items that solely promote the individual child or are not required to represent Cheer Factor All Stars.

* Tuition
* Pro-Shop items
* Private tumbling lessons

**Reimbursement 2018/2019**

Families will be able to be reimbursed once all fees are paid to the gym and verified by the Booster Team. In order to receive reimbursement, proof of payment must be provided in the form of a printed receipt that clearly identifies item, activity, dates, etc. For example, Bank/Credit card statement, a copy of a cleared bank check, a written receipt provided by CFAS Staff at the time of payment. Along with the CFAB Reimbursement Form.

**Process for submitting for reimbursement:**

* Families will submit for reimbursement by providing a receipt of payment for the approved items by scanning and sending an email with the receipt and the Reimbursement Form to cfabreimbursement@gmail.com by the 25th day of each month before midnight. Any emails received following that day and time will be eligible for reimbursement the following month.
* The Team will review the submitted information and confirm the amount eligible for reimbursement.
* The Treasurer will produce a check for reimbursement by the 10th of the month
* Checks will be distributed in the gym locations during an identified time prior to the 15th of each month. If you are unable to obtain the reimbursement check at the gym, notify the Team and it will be mailed to you.

**Items Eligible for Reimbursement:** items that are necessary to participate in the sport and/or represent Cheer Factor All Stars in a positive manner.

* Competition fees
* Crossover fee (one-time payment in November)
* Choreography
* Uniforms
* Make up
* Competition Bows
* Sneakers
* Practice uniforms
* Warm up suits
* Tumbling clinics/classes

**Travel Expenses 2018/2019**

**Reimbursement of travel expenses:**

Families will be able to be reimbursed after travel has been taken. Please follow the same reimbursement process as listed above.

* Families may request reimbursement for travel expenses related to competitions and accommodations during travel
* When submitting for reimbursement for hotel accommodations, submit a receipt of payment from the hotel.
* The following items are eligible for reimbursement for the athlete plus up to two parents and/or guardians
	+ Hotel accommodations
	+ Air fare
	+ Mileage from the home gym to the competition venue ($.34 per mile)
	+ Admission to the competition. Must provide actual bracelet or receipt.
* One-day competitions in Massachusetts are eligible for reimbursement of a maximum of $250.
* Two-day competitions in Massachusetts are eligible for reimbursement of a maximum of $500.
* Competitions outside of Massachusetts are eligible for reimbursement of a maximum of $2000.

**Items NOT Eligible for Reimbursement:** items that solely promote the individual child or are not required to represent Cheer Factor All Stars.

* Gas to travel to and from competitions
* Food/meals during travel

**CheerFactor All-Star Boosters, Inc.**

**Direct Pay Form 2018/2019**

Date Submitted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Gym: Foxboro Hanover Taunton

Athlete's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reimbursee/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount to be Direct Paid to the CFAS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

REIMBURSEE: I certify that these are all legitimate CheerFactor All-Star Booster expenses. By signing this form you agree that no unallowable costs, including undocumented expenses are being charged to your scholarship account.

Preparer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CheerFactor All-Star Boosters, Inc.**

**Reimbursement Form 2018/2019**

Date Submitted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Gym: Foxboro Hanover Taunton

Athlete's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reimbursee/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of reimbursement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| --- | --- | --- | --- | --- | --- | --- |
| DATE | DESCRIPTION | AIR/RAIL TRAVEL | GROUND TRANS. | LODGING  | OTHER | TOTAL |
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|  |  |  |  |  |  | SUBTOTAL |  $-  |
| **Note: Mileage reimbursement for personal car = $0.34/mile** |  |  |  |  |
| **Receipts must be received by the CFAS Booster Board by the 25th of each month.** |  | TOTAL REIMBURSEMENT |  **$-**  |
|  |  |  |  |  |  |  | **Don't forget to attach receipts!** |

REIMBURSEE: I certify that these are all legitimate CheerFactor All-Star Booster expenses. By signing this form you agree that no unallowable costs, including undocumented expenses are being charged to your scholarship account.

Preparer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_