

MID-CONTINENT CONFERENCE

Incidental Expense Waiver Form

Institution: _____

Sport: _____

Student-Athlete: _____

Amount of Waiver: _____

The incidental expense waiver request appears on this form and has been appropriately checked.

Check the number corresponding to the expense provided from the Pre-Approved List of Incidental Expense Waivers

- | | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| 1 <input type="checkbox"/> | 11 <input type="checkbox"/> | 21 <input type="checkbox"/> | 31 <input type="checkbox"/> | 41 <input type="checkbox"/> |
| 2 <input type="checkbox"/> | 12 <input type="checkbox"/> | 22 <input type="checkbox"/> | 32 <input type="checkbox"/> | 42 <input type="checkbox"/> |
| 3 <input type="checkbox"/> | 13 <input type="checkbox"/> | 23 <input type="checkbox"/> | 33 <input type="checkbox"/> | 43 <input type="checkbox"/> |
| 4 <input type="checkbox"/> | 14 <input type="checkbox"/> | 24 <input type="checkbox"/> | 34 <input type="checkbox"/> | 44 <input type="checkbox"/> |
| 5 <input type="checkbox"/> | 15 <input type="checkbox"/> | 25 <input type="checkbox"/> | 35 <input type="checkbox"/> | 45 <input type="checkbox"/> |
| 6 <input type="checkbox"/> | 16 <input type="checkbox"/> | 26 <input type="checkbox"/> | 36 <input type="checkbox"/> | 46 <input type="checkbox"/> |
| 7 <input type="checkbox"/> | 17 <input type="checkbox"/> | 27 <input type="checkbox"/> | 37 <input type="checkbox"/> | 47 <input type="checkbox"/> |
| 8 <input type="checkbox"/> | 18 <input type="checkbox"/> | 28 <input type="checkbox"/> | 38 <input type="checkbox"/> | 48 <input type="checkbox"/> |
| 9 <input type="checkbox"/> | 19 <input type="checkbox"/> | 29 <input type="checkbox"/> | 39 <input type="checkbox"/> | |
| 10 <input type="checkbox"/> | 20 <input type="checkbox"/> | 30 <input type="checkbox"/> | 40 <input type="checkbox"/> | |

OR

The incidental expense waiver request does not appear on this form. However, a similar request was approved on the LSDBi.

Date: _____ Type: _____ Item Ref: _____

Briefly describe the nature of the expense provided: _____

Submitted by: _____

Position: _____

Date: _____

Waiver requests that are not set forth specifically on the pre-approved list must be submitted directly to the NCAA for review and approval.

SUBMIT THIS FORM TO THE MID-CON OFFICE VIA FAX AT (630) 516-0673

Revised 4/8/04