

REIMBURSEMENT REQUEST FORM

Payable to: _____ Date: ____ / ____ / ____
mm dd yy

Address: _____

AYSO Position: _____ Section: ____ Area: ____ Region: _____

TRAVEL

Date	Description	Travel	Miles @	\$0.56	Lodging	Meals	Other	Subtotal
Travel costs to be reimbursed:								

** Enter number of miles and mileage refund will be automatically calculated.*

OPERATIONS

Date	Description	Telephone	Postage	Supplies	Printing	Other	Subtotal
Operational costs to be reimbursed:							

Grand total to be reimbursed: _____

Please indicate the purpose of the expenditures so the appropriate budget cost center can be charged:
 Referee and Coach training

I hereby certify that the above is a true and correct statement of expenses incurred by me in the service of AYSO.

Signature

NOTE: All requests for reimbursement must be within **90 days** from the date incurred and must be accompanied with **ORIGINAL, SCANNED OR PHOTOCOPIED ITEMIZED RECEIPTS**. Failure to follow this procedure will result in disallowance of the request. Send this form to: treasurer.ayso414@gmail.com

A reimbursement will be given once approved by the Treasurer and Regional Commissioner within 21 days.

Approved by: _____
Signature AYSO position Date Approved

Approved by: _____
Signature AYSO position Date Approved

National Executive Director's approval: _____
N/A N/A
Signature Date Approved