

American Youth Soccer Organization
Section 11 • Area L • Region 1455
REIMBURSEMENT REQUEST FORM

Payable To: _____

Date: _____

AYSO Position: _____

Address: _____

Operations Expenses:

Date	Description	Player	Coach	Referee	Board	Awards	Clinic/ Training	Equipment	Inventory	Supplies	Other	Total
Operations Total:												

Travel Expenses:

Date	Description	Airfare	Lodging	Meals	Rental Car	Other	Total
Travel Total:							

Please check one of the following:
 Check request for vendor payment
 Reimbursement request

TOTAL AMOUNT OF THIS REQUEST

Please indicate business purpose of the expenditures so the appropriate budget cost center can be charged:

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

AYSO Volunteer Signature: _____

NOTE: All requests for reimbursement must be within **30 days** from the date incurred and must be accompanied with **ORIGINAL RECEIPTS**.
 Failure to follow this procedure will result in disallowance of the request.

Approved by: _____
signature

AYSO Position

Date Approved

Approved by: _____
signature

AYSO Position

Date Approved