American Youth Soccer Organization

REIMBURSEMENT REQUEST FORM

Payable to: _____ Date: _____ / _____ / _____

Address: _____

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

TRAVEL

Date	Description	Travel	Miles @ $0.29	Lodging	Meals	Other	Subtotal
Total travel costs to be reimbursed:							

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:

_____

_____

_____

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 **60 days** from the date incurred and must be accompanied with supporting documents. Failure to follow this procedure may result in disallowance of the request. Send this form to:

AYSO Region 177 P.O. Box 15243 Long Beach, CA 90815

Approved by: _____ _____ _____
Signature AYSO position Date approved

Approved by: _____ _____ _____
Signature AYSO position Date approved

National Executive Director's approval: _____ _____
Signature Date approved