

American Youth Soccer Organization
REIMBURSEMENT REQUEST FORM

Payable to: _____ Date: ____/____/____

Address: _____

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

TRAVEL

Date	Description	Travel	Miles @ \$0.585	Lodging	Meals	Other	Subtotal	Account	Dept

Total travel costs to be reimbursed:

OPERATIONS

Date	Description	Telephone	Postage	Supplies	Printing	Other	Subtotal	Account	Dept

Total 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. Send this form to AYSO Finance Dept., 12501 S. Isis Avenue, Hawthorne, CA 90250.

Approved by: _____
Signature AYSO position Date approved

Approved by: _____
Signature AYSO position Date approved

National Executive Director's approval: _____
Signature Date approved

