

# TRAVEL/TRAINING REIMBURSEMENT REQUEST

PLEASE MAIL COMPLETED FORM WITH PROOF OF TRAVEL/TRAINING PAYMENT (CANCELLED CHECK, CREDIT CARD RECEIPT, ETC), AND **MUST BE SIGNED BY YOUR DIVISION COORDINATOR** TO:

WEST BABYLON SOCCER CLUB

PO BOX 1244

WEST BABYLON, NY 11704

TODAY'S DATE \_\_\_\_\_

COACHES NAME \_\_\_\_\_

CHECK SHOULD BE WRITTEN TO ( IF DIFFERENT THAN COACH NAME) \_\_\_\_\_

FULL MAILING ADDRESS \_\_\_\_\_

TRAVEL/TRAINING DESCRIPTION \_\_\_\_\_

AMOUNT OF REIMBURSEMENT REQUESTED \_\_\_\_\_

PROVIDE TEAM/ DIVISION INFORMATION BELOW

TEAM NAME \_\_\_\_\_

DIVISION ( LIJSL GU12, ETC) \_\_\_\_\_

SEASON (FALL 2013, SPRING 2014, ETC) \_\_\_\_\_

DIVISION COORDINATOR NAME \_\_\_\_\_

DIVISION COORDINATOR SIGNATURE (**REQUIRED**) \_\_\_\_\_

**\*\*APPLICATION FOR REIMBURSEMENT MUST BE COMPLETELY FILLED OUT AND MUST INCLUDE PROOF OF PAYMENT AND SIGNATURE OF DIVISION COORDINATOR OR IT WILL BE REJECTED\*\***

**\*\*\*ALL REQUESTS ARE SUBJECT TO APPROVAL; TEAMS MUST BE IN GOOD STANDING WITH THE CLUB. REIMBURSEMENT AMOUNTS ARE SUBJECT TO CHANGE AND WILL VARY BASED ON APPROVED BUDGETS AND FINANCIAL WELLNESS OF THE CLUB\*\*\***

