

AYSO REIMBURSEMENT REQUEST FORM

Payable to: _____ Date: _____ / _____ / _____

Contact email / phone _____

AYSO Position: _____ Section: 6 Area: B Region: _____

OPERATIONS

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

TRAVEL

Date	Description	Miles@ \$0.50	Travel	Lodging	Meals	Other	Subtotal
Travel costs to be reimbursed:							

Total

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 as a volunteer of AYSO.

Signature

NOTES: YOU MUST HAVE WRITTEN PRIOR APPROVAL FROM A BOARD MEMBER AUTHORIZING THESE EXPENSES REIMBURSMENTS
Name of Authorizing board member:

Requests for reimbursement must be within **60 days** from the date incurred and must be accompanied with original receipts. Failure to follow this procedure may result in disallowance of the request.

Approved by: _____ Board Position: _____ Date: _____