

## REIMBURSEMENT REQUEST FORM

Payable to: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm dd yy

Address: \_\_\_\_\_

AYSO Position: \_\_\_\_\_ Section: \_\_\_\_ Area: \_\_\_\_ Region: \_\_\_\_\_

### TRAVEL

Date	Description	Travel	Miles @	\$0.58	Lodging	Meals	Other	Subtotal
Travel costs to be reimbursed:								

*\* Enter number of miles and mileage refund will be automatically calculated.*

### 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 **ORIGINAL, SCANNED OR PHOTOCOPIED ITEMIZED RECEIPTS**. Failure to follow this procedure will result in disallowance of the request. Send this form to: The appropriate approver described on page 1, who will then forward to the AYSO Finance Dept., 19750 S. Vermont Ave., Suite 200, Torrance, CA 90502 or via email at: reimburse@ayso.org. A check will be issued within 21 days of receipt. Please allow reasonable time for mail delivery.

Approved by: \_\_\_\_\_  
Signature AYSO position Date Approved

Approved by: \_\_\_\_\_  
Signature AYSO position Date Approved

National Executive Director's approval: \_\_\_\_\_  
Signature Date Approved