



**American Youth Soccer Organization - Region 117**

**REIMBURSEMENT REQUEST FORM**

Payable To: \_\_\_\_\_ Date: \_\_\_\_\_

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

AYSO Position: \_\_\_\_\_

**TRAVEL EXPENSES**

Date	Description	Travel	Mileage @ \$55.6	Lodging	Meals	Other	Total
<b>Total Travel:</b>							

**OPERATION EXPENSES - REIMBURSEMENTS**

Date	Description of Expenses (include purpose)	Total
<b>Total:</b>		

**Combined Total:**

I hereby certify that the above information is correct and was incurred by me in the service of AYSO

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date:**

Note: All requests must be submitted within 60 DAYS from the date the expense was incurred and must include ORIGINAL ITEMIZED RECEIPTS. Failure to follow this procedure may result in disallowance of the request. Please scan documents and email this reimbursement request form with scanned receipts to 117treasurer@gmail.com and also mail the original form and documents to the address below.

AYSO Region 117  
Attn: Treasurer  
9114 Adams Ave #150  
Huntington Beach, CA 92646