



REIMBURSEMENT REQUEST FORM

Payable to: _____ Date: ____ / ____ / ____
mm dd yy

Address: _____

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

TRAVEL

Date	Description	Travel	Miles @	\$0.510	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.

A check will be issued within 21 days of receipt. Please allow reasonable time for mail delivery.

Approved by: _____
Signature AYSO position Date Approved

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Signature AYSO position Date Approved