



American Youth Soccer Organization REIMBURSEMENT REQUEST FORM

Payable to:						Date:	
Address:						Program:	Core (1) Spring (3) Matrix (5)
Position:	Section:		Area:		Region:		

Date	Vendor Reason	Board Meeting 7695	Office Supplies 7625	Field Equipment 5111	Other Code (AYSO Use Only)	Subtotal
Total Costs to Be Reimbursed:						

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 received within 60 days from the date incurred and must be accompanied with **ORIGINAL, SCANNED, OR PHOTOCOPIED ITEMIZED RECEIPTS**. Failure to follow this procedure may result in disallowance of the request. Send this completed form to either the Regional Commissioner or Treasurer:

US Mail: *1501 San Elijo Road - Suite 104-208, San Marcos CA 92078* or **E-Mail:** *reimburse@sanelijoyso.org*

Approved by: _____

Signature
AYSO Position
Date Approved

Approved by: _____

Signature
AYSO Position
Date Approved

Executive Director's approval: _____

Signature
Date Approved