AYSO REIMBURSEMENT REQUEST FORM

**Payable to:**  **Date:**  / /

**Address / Phone**

**AYSO Position:**  **Section:** K **Area:** 13 **Region:** 615

**OPERATIONS**

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

**TRAVEL**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Description** | **Miles@**  **$0.50** | **Travel** | **Lodging** | **Meals** | **Other** | **Subtotal** |
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| **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:**

File: AYSO expense reimbursement form.xlsx Rev 4/2019 Printed: 4/19/2019 [08:59]