



## LAWTON PREDATORS FC

6313 NW Cheyenne Ave Lawton Oklahoma 73505  
(580) 695-3602 admin1@predatorssoccer.com

### Expense Report

Request Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Event(s): \_\_\_\_\_

Date(s): \_\_\_\_\_  Coach  Administrator  Manager

Note: Keep one copy for your records and forward the original to the LPFC Office for approval by the appropriate individuals. Please attach all related receipts. Form must be submitted within 30 days for reimbursement. Reimbursement of funds is only authorized with prior Board approval and only for official club business.

	Amount (\$)	Office Code
Hours of Instruction _____ Total Cost _____	_____	_____
Round Trip Mileage: _____ @ \$0.58 per mile (Minimum of 25 Miles One Way)	_____	_____
Tolls:	_____	_____
Meals:	_____	_____
Supplies:	_____	_____
Equipment:	_____	_____
Lodging:	_____	_____
Other:	_____	_____
<b>Reimbursement Due / Amount Owed:</b>	_____	

Approved by: \_\_\_\_\_ Approved Date: \_\_\_\_\_

Title: \_\_\_\_\_