American Youth Soccer Organization REIMBURSEMENT REQUEST FORM

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

Address: _____

AYSO Position: _____ **Section:** 1 **Area:** C **Region:** 60

TRAVEL

Date	Description	Travel	Miles @	$0.14	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. Send this form to: The apropriate approver described on page 1, who will then forward to the AYSO Finance Dept., 19750 S. Vermont Ave., Suite 200, Torrance, CA 90502 or via email at: reimburse@ayso.org. A check will be issued within 21 days of receipt. Please allow reasonable time for mail delivery.

Approved by: _____ _____ _____
Signature AYSO position Date Approved

Approved by: _____ _____ _____
Signature AYSO position Date Approved

National Executive Director's approval: _____ _____
Signature Date Approved