



# TULARE AYSO REGION 255

P.O. Box 2274 - Tulare, CA 93275

www.AYSO255.org



## REIMBURSEMENT REQUEST FORM

Payable to: \_\_\_\_\_

Date \_\_\_\_\_

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

Section 10

Phone #: \_\_\_\_\_

Area O

**Region 255**

AYSO Position \_\_\_\_\_

DATE	RECEIPT FROM	PURPOSE	SUBTOTAL	**TREASURER ACCT CODE
<b>TOTAL</b>				

\*\*\*2019 Mileage Reimbursement Rate = .575 \*\*\*

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.

I hereby certify that the above is a true and correct statement of expenses incurred by me in the service of AYSO.

Signature: \_\_\_\_\_

Date \_\_\_\_\_

\*\*Approved by: \_\_\_\_\_

Signature

RC / AD

Date Approved

**\*\* Treasurer Only \*\***

Check #

Date Paid

If Mailed, Date Mailed

Nap Online Ref #

Treasurer Signature: \_\_\_\_\_

REV 01/2020