

REIMBURSEMENT REQUEST FORM

Payable to: _____ Date: ____ / ____ / ____

Address: _____

AYSO Position: _____

Phone: _____ Email: _____

TRAVEL

Date	Description	Travel	Miles @ \$0.585	Lodging	Meals	Other	Subtotal
<u>Total travel costs to be reimbursed:</u>							

Expenses

Date	Description	Equipment	Postage	Office Supplies	Printing	Other	Subtotal
<u>Operational costs to be reimbursed:</u>							

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

Approved by: _____
Signature AYSO position Date approved

Please mail your form and receipts to [Region 89 Treasurer P.O. Box 131 La Mesa CA 91944-0131](#), or the documents can be emailed (preferred method) to Jen.89ayso@gmail.com prior to the monthly board meeting. Checks will only be processed at, and then available once the meeting has adjourned. If you are not able to attend the meeting, checks will be mailed to you at your address on record. If you need a check sooner, email the treasurer to discuss specific arrangements.

Check # _____	Date Issued: _____
---------------	--------------------