American Youth Soccer Organization

REIMBURSEMENT REQUEST FORM

Payable to:				Date://				
Ac	ldress:							
AYSO Position:				Section:	Area:	Region:		
		T	TRAVEL					
Date	Description	Travel	Miles @ \$0.405	Lodging	Meals	Other	Subtotal	
Total trav	vel costs to be reimbursed:							
		OPI	ERATIONS	1				
Date	Description	Telephone	Postage	Supplies	Printing	Other	Subtotal	
Operation	nal costs to be reimbursed:							
			<u>Gra</u>	and total to	be reimbur	<u>sed:</u> \$_		
Please indi	icate the purpose of the expenditu	res so the app	propriate buc	lget cost cente	er can be cha	rged:		
I herel	by certify that the above is a true	and correct st	atement of e	expenses incu	rred by me in	the service o	f AYSO.	
			Signature					
	All requests for reimbursement ming documents. Failure to follow National Support & Training O	this procedur	e may result	t in disallowa	nce of the req	uest. Send th	is form to:	
Appro	ved by:Signatu				O '''			
Approved by:				AYSO position			Date approved	
				AYS	O position	Date	e approved	
National Executive Director's approval: Signature							e approved	

REV 01/05 ADM APPENDIX A