

**American Youth Soccer Organization**  
**REIMBURSEMENT REQUEST FORM**

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

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

AYSO Position: \_\_\_\_\_ Section: \_\_\_\_ Area: \_\_\_\_ Region: \_\_\_\_

**TRAVEL**

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

**OPERATIONS**

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

**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** supporting documents/receipts. Failure to follow this procedure will result in disallowance of the request.

Once approved, send this form to: AYSO Finance Dept., 12501 S. Isis Avenue, Hawthorne, CA 90250.

Approved by: \_\_\_\_\_  
Signature
AYSO position
Date approved

Approved by: \_\_\_\_\_  
Signature
AYSO position
Date approved

National Executive Director's approval: \_\_\_\_\_  
Signature
Date approved