



AMERICAN YOUTH SOCCER ORGANIZATION

a nonprofit corporation dedicated to youth soccer

everyone plays®

AREA 1-D SPRING LEAGUE - REIMBURSEMENT REQUEST FORM

Complete the following (print only):

Payable to: _____ Date: ____ / ____ / ____

Address: _____

Phone: (____) _____ e-mail: _____

Region: _____

Date	Description	Food/Drink	Entertainment	Subtotal
	(Limit \$50 reimbursement per team)			
Costs to be reimbursed:				

Grand total to be reimbursed: \$ _____

Please indicate how you celebrated the end of your Area 1-D Spring season for the players:

I hereby certify that the above is a true and correct statement of expenses incurred by me in the service of AYSO Area1-D as a Spring League coach.

Coach Signature

NOTE: All requests for reimbursement must be received by June 30, 2008 and must be accompanied with **ORIGINAL** supporting documents/receipts. Failure to follow this procedure will result in disallowance of the request. **Mail to: Bill Veach, 218 Lomita St. #2, El Segundo, CA 90245.**

Approved by: _____
Signature AYSO position Date approved

Check No: _____ Date Mailed: _____