

CALIFORNIA YOUTH SOCCER ASSOCIATION REIMBURSEMENT REQUEST FORM

Check # Paid _____

Payable to: _____ Date(s) of Event(s): _____

Submitted by: _____ District Position: _____ Signature: _____

Address: _____

District Commissioner: _____ Date: _____ Amount Approved: _____

CFO Approval Signature: _____ Date: _____ Amount Approved: _____

DESCRIPTION OF EXPENSE	AMOUNT	TOTAL
Postage/Shipping		
		\$ -
Telephone		
		\$ -
Supplies		
		\$ -
Computer		
		\$ -
Other		
		\$ -
Lodging Total (from page 2)		\$ -
Meals Total (from page 2)		\$ -
Mileage Total (from page 2)		\$ -
Car/Rental/Taxi/Parking/Mileage (from page 2)		\$ -
TOTAL EXPENSES		\$ -

LODGING			
Date	HOTEL	BUSINESS PURPOSE / CONTACT NAME	TOTAL
TOTAL LODGING			\$ -

MEALS			
DATE	NAME OF EATING ESTABLISHMENT	PURPOSE / GUEST NAME(S) & AFFILIATION	TOTAL
TOTAL MEALS			\$ -

MILEAGE (@ \$.36 per Mile)						
DATE	START MILEAGE	LOCATION	END MILEAGE	LOCATION	NUMBER OF MILES	TOTAL
					0	\$ -
					0	\$ -
					0	\$ -
					0	\$ -
					0	\$ -
TOTAL MILEAGE						\$ -

CAR RENTAL/TAXI/PARKING			
DATE	TYPE	BUSINESS PURPOSE / CONTACT NAME	TOTAL
CAR RENTAL/TAXI/PARKING			\$ -

INSTRUCTIONS:

1. Expense reports are to be submitted after each trip and or event.
2. Reports must be typed or prepared in ink. Signatures and Approvals must also be in ink.
3. ORIGINAL receipts must be attached. **NO EXCEPTIONS.**
4. District Commissioner signatures must be obtained prior to submitting to the CYSA office.
5. Expense form must be completed in full and must be within CYSA's Financial Policies.
6. Expenses will only be reimbursed for districts & individuals with proper documentation to include names and dates..