American Youth Soccer Organization
Region 602/Covina

REIMBURSEMENT REQUEST FORM

**Pre-approval is necessary prior to reimbursement request. Please attach pre-approval (via email or hard copy) from Regional Commissioner.*

Request from: _____ Date: _____ / _____ / _____

AYSO Position: _____ Cell: _____ Email: _____

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Reimbursement Payable to: _____

☐ Mail reimbursement to: _____

☐ Pickup

Date	Receipt From *(example Vons)*	Description of Expense (in order to apply to the appropriate budget cost)	*For Treasurer use only* Expense Code	Total

Grand total to be reimbursed: $_____

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 ITEMIZED RECEIPTS. Failure to follow this procedure will result in disallowance of the request.

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Approved by: _____ _____ _____
Signature AYSO position Date approved

For accounting use only

Check Number_____ Expense Codes_____

Date_____ $ Amt Paid_____