

Sierra Mountain Soccer Club Reimbursement Request Form

Payable To: _____ Date: _____

Address: _____

SMSC Position: _____ Phone: _____

| Date | Description | Travel | Mileage | Lodging | Meals | Other | Subtotal |
|---------------------------------------------|-------------|--------|---------|---------|-------|-------|----------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total Travel Costs to be reimbursed: | | | | | | | |

| Date | Description | Telephone | Postage | Supplies | Printing | Equipment/Other | Subtotal |
|----------------------------------------------------------|-------------|-----------|---------|----------|----------|-----------------|----------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Operational and equipment costs to be reimbursed: | | | | | | | |

Staff/Coach Time Card

| Date | Description | Hours | | Date | Description | Hours | |
|--------------|-------------|-------|--|--------------|-------------|-------|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total | | | | Total | | | |

Staff/Coach TimeCard Single Events

| 1 st Installment | 2 nd Installment | 3 rd Installment | Monthly | Other |
|-----------------------------|-----------------------------|-----------------------------|---------|-------|
| \$ | \$ | \$ | \$ | \$ |

Grand Total \$ _____

Please indicate the purpose for this expenditure:

I hereby certify that the above is at true and correct statement of expenses incurred by me in the service of SMSC.

Staff/Coach Signature

Date

All requests for reimbursement must be submitted within 30 days from date incurred and must be accompanied with supporting documentation and receipts.

Submit to:
Sierra Mountain Soccer Club
PO Box 4000
Truckee, CA 96160
Fax 530.587.3361

| | |
|-----------|-------|
| Date Paid | _____ |
| Check # | _____ |
| Issued By | _____ |
| Approval | _____ |