



Everyone Plays – Balanced Teams – Open Registration – Positive Coaching – Good Sportsmanship – Player Development

CHECK REIMBURSEMENT FORM

All reimbursement requests for purchases require this form to be completed, signed, approved and submitted to the Regional Treasurer. Any expenditure over the amount of \$50 must be authorized by the AYSO Region 187 Regional Commissioner or the Assistant Regional Commissioner **prior** to the purchase. If prior authorization is not obtained, you will be responsible for the total cost of that purchase.

1. Complete all the information on this form.
2. Obtain approval signature from the RC or Assistant RC.
3. Submit this form with receipts supporting your reimbursement request **within 14 days of purchase.**
4. Check will be issued within 2 weeks of receipt of all supporting documentation by the Regional Treasurer.

Check made payable to: _____ Contact #: _____

Address: _____

Hold Check for Pick-up Mail Check to Payee

Account	Amount \$	Description
	\$	
	\$	
	\$	
	\$	
Total =	\$	

Common Accounts
5101 – Uniforms - Players
5102 – Uniforms - Coaches
5103 – Uniforms - Referees
5104 – Uniforms - Other
5111 – Field Expenses
5115 – Park Fees
5146 – Equipment / Storage
5220 – Tournament Trophies
5223 – Tournament Other Expenses
5255 – Ads / Pictures
5239 – Cultural Exchange
5261 – Fundraising Expense
5274 – Awards / Trophies
5432 – Coach Clinic
5433 – Referee Clinic
7515 – Internet / Phone
7535 – Postage
7625 – Office Supplies
7695 – Misc. Supplies
8595 – Other (describe)

Requested by: _____
Print Name

Date: _____

Approved by: _____
Regional Commissioner

OR _____
Asst. Regional Commissioner

Should you have any questions, or need assistance please contact the Regional Treasurer

REGIONAL TREASURER USE ONLY			
Date Request Rec'd:	Check #:	Invoice #:	Date Check Issued:
Notes:			