

THOMAS JEFFERSON SOCCER CLUB
REIMBURSEMENT REQUEST FORM



EVENT (IF APPLICABLE): _____

NAME: _____

ADDRESS: _____

PHONE: _____ E-MAIL: _____

ATTACH RECEIPTS: List explanation for each receipt below

Reasons for expenses include: field equipment, facility services, marketing, etc.

DATE	REASON FOR EXPENSE	DESCRIPTION / ITEM DETAILS	AGE GROUP & PROGRAM	AMOUNT

TOTAL REIMBURSEMENT \$

Signature: _____

Date submitted: _____

Please attach receipts

TREASURER'S USE ONLY

APPROVED DATE:

CHECK#:

DATE PAID: