U.S. Youth Soccer, Region III

Direct Expense Reimburesment Form

(One per trip)

Name: _____ **Title:** _____

Address: _____ **Purpose/Event Location** _____

_____ _____

Zip Code **Program:** _____

(Enter One: Reg Adm, BODP, GODP, PL-(C,E or W), Pres. Cup, Southern Regioanls, Other)

Date	Item Description	Expense Code (see list)	Amount
		Total	0

EXPENSE CODES
Airfare - **8040**
Dues/Registration - **8030**
Equipment Maintenance - **8090**
Equipment purchase - **8024**
Equipment rental - **8020**
Event Fees - **8150**
Field Expense - **8046**
Fines - **8151**
Gear/Embroidery - **8027**
Auto/Mileage/Gas/Tolls - **8140**
Hotel/Food/Laundry/Water-**8045**
Insurance - **6300**
Maintenance - **8070**
Meeting Room Expense - **8042**
Member Activities - **8047**
Miscellaneous - **8050**
Postage - **8035**
Print/Copy - **8055**
Promotion - **8015**
Supplies - **7500**
Taxes/Licensing - **8080**
Telephone - **8010**
Website - **8011**

***** INSTRUCTIONS *****
Submit reimbursement request to the Program Administrator within 30 days of the expense.
Travel Reimbursement will be made for the lessor of mileage or coach class airfare.
Submit actual itemized receipts for all expenses.
Attach receipts to the back of this form and submit to the program administrator for approval.
If the expense is for multiple people list the names of all individuals.
Use the proper event title as provided by the program administrator.
Use the proper expense code from the provided list.

I Certify that the above expenses were incurred in the best interest of US Youth Soccer, Region III and an approved budget exists for this expense.

Signature: **Date:**

Approved By: **Date:**

Send to Program Administrator not to this address.

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