

# Lindenhurst Junior Squires Soccer Expense Reimbursement Request 13-14 Season

Today's Date: \_\_\_\_\_

Coaches' name: \_\_\_\_\_

Team name: \_\_\_\_\_ Division (B or G) Age U- \_\_\_\_\_

Check payable to team or coach? Payable to : \_\_\_\_\_

Date of Expense: \_\_\_\_\_

Type of Expense: \_\_\_\_\_

Amount: \_\_\_\_\_

Paid by: (circle one) Cash Credit Card Check

**Items A and B below must be attached to any request for reimbursement:**

**A: Business invoice or proper business receipt from vendor (payee) attached:  
Yes/No**

**B: Proof of payment attached: Yes/No**  
**(Proof of payment consists of a receipt properly indicating cash payment with vendor signature, copy of both sides of cancelled check, or copy of credit card receipt).**

**C: Did you submit your required team "semi annual accounting" summary?**

**Yes / No - Note- this summary must be submitted to process reimbursement**

Comments/Notes:

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Coaches' signature: \_\_\_\_\_

-----**Board Use Only**-----:

Documentation attached: \_\_\_\_\_ Check No: \_\_\_\_\_

Team met volunteer obligations (Y/N) \_\_\_\_\_ Check Amt: \_\_\_\_\_

Team Acct summary submitted (Y/N)

Trainer's Ins. certificate submitted (Y/N/ n/a) \_\_\_\_\_