Arlington Soccer Association

Please allow 7-10 days for processing

Call 703-527-0157 with any questions

EXPENSE REIMBURSEMENT FORM

☐ **LEGACY FUNDS**

☐ **PROGRAM FUNDS**

Submit Forms/Documentation to: ASA, 5210 Wilson Blvd., Arlington, VA 22205

Travel Team or Rec. Club Name	**Number (if applicable)**	**Date Submitted**

Submitted By (name and email)	**Phone Number**	**Expense Period**
		to

Please attach a copy of all receipts to receive reimbursement. Thank You.

Payee	**Date**	**Amount**	**Description**	***ASA USE*** **EXPENSE CODE**	**RECEIPT**
	Amount Due		**$**		

PLEASE REMIT PAYMENT TO (name, address, phone, email):

Signature (required) **Date**

ASA USE ONLY

AUTHORIZED BY		**DATE**	**Legacy Funds Program Funds**	**PAID CK #**	**DATE PAID**	**BY(Initials)**