

## ATSC REIMBURSEMENT & PAYMENT FORM

An ATSC Executive Board member other than the requestor must approve all reimbursement forms. Please send completed, approved form with receipt(s) attached to Ron Greenhalgh, 6105 N. 22nd Road, Arlington,, VA 22205, or fax to (703) 241-0766. Questions may be directed to Ron Greenhalgh, phone: (703) 241-0555, Email: *rkg0@aol.com*.

**Date of Request:** \_\_\_\_\_

**Amount of Reimbursement Requested:** \_\_\_\_\_

**Purpose of Expense:** \_\_\_\_\_

**Budget Category (see below):** \_\_\_\_\_

**Name of Person/Organization to Whom Check Should Be Made Out:**

\_\_\_\_\_

**Address to Mail Check:** \_\_\_\_\_

\_\_\_\_\_

**Signature of Requestor:** \_\_\_\_\_

**Signature of Board Member for Approval:** \_\_\_\_\_

**Signature of Treasurer for Approval:** \_\_\_\_\_

**Budget Categories:** Director of Coaching, Executive Director, League Team Fees, Indoor Practice, League Dues, Clinics, Equipment, Field Improvement, Tryout Expenses, Scholarships, Coaches Licensing Courses, Newsletter, Printing & Duplicating (other), Supplies, Soccer Banquet, Repairs, Phone, Office Equipment, Uniforms, Miscellaneous

**Comments:**

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