# Vacaville United Soccer Club

Request for Reimbursement

Instructions for use of this form

1. Request should be submitted within 15 days after purchase or travel
2. Prior to reimbursement your expense has been approved by your team and follows VUSC policy
3. Staple original receipts to this form and any documentation requested. Be sure that the receipt or invoice contains all the necessary information. No reimbursement can be made without a receipt
4. A separate form must be filled out for each player
5. In all cases, funds must be in the individual account

To: Team Treasurer Date: _____

From:_____

(Make check payable to)

**PRIOR APPROVAL FOR PURCHASE WAS OBTAINED FROM _____**

This form will be used for the purchase of approved equipment and travel expenses

| Date | Description of expense | Total |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | Total to be paid | |

FORM MUST BE FILLED IN COMPLETELY AND PROPERLY FOR REIMBURSEMENT TO BE MADE

Signiture of purchaser _____

Signiture of treasurer _____

Date of reimbursement _____
Check # _____