



EXPENSE REIMBURSEMENT REQUEST

Fill in applicable information below, provide receipts (if applicable), and mail or email to: treasurer@patriotsoccerclub.org Patriot Soccer Club, PO Box 120, Gray, ME 04039.

Name: _____
Address: _____
E-mail: _____ Tel # _____

Type of Expense:

Referee Fees Date of Game: _____ Amount: \$ _____
Age Group/Team: _____ Opponent: _____

Coach Education Amount: \$ _____
 Youth Module E Certificate D Certificate
Date: _____ Class Location: _____

Provide copy of coaching certificate or evidence of completion of class.

Crossroads Challenge Date: _____ Amount: \$ _____
Description **and** Attach Receipt(s): _____

****"Crossroads Challenge" expenditures must be **pre-approved** by Board of Directors****

Other Date: _____ Amount: \$ _____
Description **and** Attach Receipt(s): _____

****"Other" Expenditures must be **pre-approved** by Board of Directors****