

## Five Cities / Region 83 AYSO Reimbursement Request Form

Payable to: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 AYSO Position: \_\_\_\_\_ Division Code: \_\_\_\_\_  
 Description: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ Signature \_\_\_\_\_

Note: All requests for reimbursement must be within 30 days from the date incurred and must be accompanied with supporting documents. No **non-budgeted** expenditure will be approved without **prior authorization** from the **Regional Commissioner or Regional Treasurer**. Failure to follow this procedure may result in disallowance of the request.

**Note: All requests for reimbursement are required to have a division code. Please receive prior approval from the appropriate Board Member listed below before using their Division Code. Failure to follow this procedure may result in disallowance of the request.**

### Division Code

A. Regional Commissioner	F. Asst. Regional Commissioner	K. Special Events Coordinator	P. Post Season Director
B. Treasurer	G. Secretary	L. Volunteer Recruitment	R. Technology Administrator
C. Safety Director	H. Registrar	M. Statistician	
D. Coach Administrator	I. Fields & Equipment Administrator	N. Photo Day Coordinator	
E. Referee Administrator	J. Sponsor Coordinator	O. Other Regional Officers	

### To be filled in by Regional Treasurer

NAP Code: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount Reimbursed: \_\_\_\_\_