

Torpedoes Soccer Club Expense Reimbursement Form

Attach all proofs of expenses to this form – NO PAYMENT without supporting proof of expense and completed Payee Name and Address. If Payment is to be made to a supplier, include supplier's payment page and envelope.

Reimbursement Policy / Instructions

Please document your request for reimbursement thoroughly. If you paid the expense by:

Check - include a copy of the returned check or the photocopy provided by the bank.

Credit card - include the Customer Copy.

Cash- include register receipt and state the circumstances and the date you incurred the expense. (Other than for referee fees, make every attempt to pay Torpedoes-related expenses with a check or credit card.)

1. Referee Fees: For regular season referee payment reimbursement requests, give **number of games** and **amount** paid per game.

2. Referee Travel Fee: Upon closure of the field whereby you must meet the referee and pay the referee travel fee (\$25), include the dates this occurred.

3. State Cup registration fees: Include a copy of the State Cup registration form for your team. For State Cup referee fees, Itemize the games played and the amount paid.

4. If you are **donating** your expense reimbursement to the Club and wish to have a record of it for tax purposes, fill out an Expense Reimbursement Form and state your intentions to donate the reimbursement in the Miscellaneous Expense area. We'll send you an acknowledgement. (As always, you should consult with your tax advisor on the tax deductibility of any donation.)

5. Miscellaneous: All miscellaneous expenses (i.e. pinnies, team equipment, etc.) must be pre-approved by the TSC Executive Board.

6. Submit: Completely fill out, date, and sign form. Please submit form along with any applicable receipts via email to dweiner55@hotmail.com or mail to:

Torpedoes Soccer Club
P.O. Box 252
Wyckoff, NJ 07481

<u>Expenses</u> for _____ Season	<u>Amount</u>
Referee Fees	
# Games _____ @ \$ _____	\$ _____
Field Closure Travel Fee List Dates: _____	\$ _____

State Cup: Registration	\$ _____
State Cup Referee Fees:	
# Games _____ @ \$ _____	\$ _____
Miscellaneous *	
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Expenses Submitted	\$ _____

* Pre-Approved Expenses

TSC USE ONLY

Amount Reimbursed:

Date:

Check Number:

Check Issued to:

Authorizing Officer:

Reimbursement check will not be mailed unless the following portion is completely filled out. Please Print.

Coach/Person Requesting Reimbursement:

Team/Position: _____

Payee Name: _____

Address: _____

City: _____

State: _____ Zip _____

Phone: (_____) _____

Date: _____

Signature: _____