



## Oklahoma Soccer Association

P.O. BOX 35174 • TULSA, OK 74153-0174

918-627-2663 • 800-347-3590 • FAX: 918-627-2693

### *Expense Report*

Request Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Event(s): \_\_\_\_\_

Date(s): \_\_\_\_\_  Coach  Referee  Administrator

Note: Keep one copy for your records and forward the original to the OSA Office for approval by the appropriate department head. Please attach all related receipts. Form must be submitted within 30 days for reimbursement.

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	Amount (\$)	Office Code
Hours of Instruction _____ @ _____ per hour	_____	_____
Round Trip Mileage: _____ @ \$0.58 per mile	_____	_____
Tolls:	_____	_____
Meals:	_____	_____
Supplies:	_____	_____
Airfare:	_____	_____
Lodging:	_____	_____
Other:	_____	_____
<b>Reimbursement Due / Amount Owed:</b>	<b>_____</b>	

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Approved by: \_\_\_\_\_ Approved Date: \_\_\_\_\_  
Title: \_\_\_\_\_