



Oklahoma Soccer Association

P.O. BOX 35174 • TULSA, OK 74153-0174
918-627-2663 • 800-347-3590 • FAX: 918-627-2693

EXPENSE REPORT FORM (Please Print)

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 60 days of event for reimbursement.

	Amount (\$)	Select code from drop down list
Honorarium:	_____	_____
Hours of Instruction: _____ at \$12.50 per hour	_____	_____
Round Trip Mileage: _____ at .50¢ per mile Minimum of 25 miles one way	_____	_____
Supplies:	_____	_____
Mailing expense	_____	_____
Meals:	_____	_____
Lodgings:	_____	_____
Miscellaneous Expenses:	_____	_____
Reimbursement Due/Amount Owed:	_____	

Approved by: _____ Approved Date: _____

Title: _____

Note: **Payments will not be made until all items are coded by the appropriate department head.**

Check #: _____ Issued Date: _____