



# 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): \_\_\_\_\_ Select

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 for reimbursement.

	Amount (\$)
Honorarium:	_____
Hours of Instruction: _____ at \$20.00 per hour	_____
Round Trip Mileage: _____ at .55¢ per mile	_____
Minimum of 25 miles one way	
Supplies:	_____
Soccer Related Telephone Calls:	_____
US Mail, UPS, etc.:	_____
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: \_\_\_\_\_

10/2011