

# Reimbursement from Team Account



## Instructions:

- 1) Fill out the form completely,
- 2) Attach receipt to form.
- 3) Get Coach's approval.
- 4) Deliver or mail to Club Office. (3585 Castro Valley Blvd, Castro Valley, CA 94546)

You should receive your check in the mail within two weeks, assuming the team has sufficient funds to cover request. For questions contact Comp Director at [compdirector@castrovalleysoccer.com](mailto:compdirector@castrovalleysoccer.com)

---

## Reimbursement paid to:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Reimbursement Amount \_\_\_\_\_

Description of Expense \_\_\_\_\_

---

## Charge expense to the following Team Account:

Team name \_\_\_\_\_

Division (ex. U15BD1) \_\_\_\_\_

Coach \_\_\_\_\_

Team Expense Account (check one)

Tournament

Other

---

## Expense Approval:

Coach Signature \_\_\_\_\_

Date \_\_\_\_\_

Print name \_\_\_\_\_