



**WYOMING**  
307 SELECT SOCCER

# WYOMING SOCCER ASSOCIATION REIMBURSEMENT REQUEST

777 Overland Trail, Suite 132 • Casper, Wyoming 82601 • (307) 742-2306

[wssa@wyomingsoccer.com](mailto:wssa@wyomingsoccer.com)



**Address where check is to be sent.**

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

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

City/St/Zip: \_\_\_\_\_

Make Check Payable To: \_\_\_\_\_

### WYS Programs

<input type="checkbox"/>	WSA General/Board/State Office	
<input type="checkbox"/>	WSA ODP	<input type="checkbox"/> WSA Coaching
<input type="checkbox"/>	WYO 307 Select	Team: _____

**INCLUDE IN THE TOTALS COLUMN THE FULL AMOUNT SPENT FOR EACH EXPENSE TYPE.**

**Signature, Date and Event/Activity information, along with all receipts is required.**

**Event Dates (Month/Year):** \_\_\_\_\_ **Event/Activity & Location:** \_\_\_\_\_

EXPENSE TYPE	COMMENTS OR OTHER DETAILS – NAMES, ETC.	TOTALS
<b>LODGING:</b> Minimum Double Occupancy		
Names of Adult Room Occupants:		
Their Duties During this Event:		
<b>MEALS:</b> If all are group meals, list names here; otherwise list names on each group meal receipt		
<b>TRANSPORTATION:</b>		
Airline/Rental Car/Other Transport		
Taxi/Shuttle/Parking/Tolls		
Fuel – Mileage @ IRS stated rate of \$.625		
<b>TOURNAMENT REGISTRATION FEE:</b>		
<b>OTHER:</b> Include explanation/purpose		

Signature: _____	<b>REIMBURSEMENT DUE:</b>
------------------	---------------------------

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

Date Rec'd: _____	*Approved By _____	Date Paid: _____	Check Number: _____
-------------------	--------------------	------------------	---------------------