



# General Reimbursement Form

Revised 03/07/2012

## REIMBURSEMENT POLICY:

Reimbursement requests should be sent to the attention of the **KSC** Registrar within 60 days of the expenditure receipt. Reimbursements requested after 60 days will be made at the discretion of the KSC Board of Directors.

Note: Expenses that fall outside of the normal program expenditures may require prior approval from the KSC Registrar. Please contact the Registrar if you have any questions or concerns.

If you are requesting reimbursement for expenses related to multiple KSC programs, please fill out one expense sheet per program.

REQUESTOR INFORMATION		
Name:	Phone:	
Address:		
City/State/Zip:		
TEAM/PROGRAM INFORMATION		
Program:		
Team:		
DATE	DESCRIPTION OF EXPENSE	AMOUNT

- Please attach receipts relating the expenses claimed. Reimbursements will not be made without the proper receipts.

\_\_\_\_\_  
**Requestor Signature**

\_\_\_\_\_  
**Date**

Mail or email completed form:

**Email:** admin@kearneysoccer.org

### Snail Mail:

KSC Registrar  
P.O. Box 904  
Kearney, NE 68848

### For internal use only:

Registrar Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Treasurer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Requested:** \_\_\_\_\_

**Deductions:** \_\_\_\_\_

**Refunded:** \_\_\_\_\_

**Check #:** \_\_\_\_\_

PO Box 904

Kearney, NE 68848

www.kearneysoccer.org

(308) 293-1736