



Oklahoma Soccer Association

P.O. BOX 35174 • TULSA, OK 74153-0174

918-627-2663 • 800-347-3590 • FAX: 627-2693

EXPENSE REPORT FORM (Please Print)

Request Date: _____

Name: _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip: _____

Event(s) _____

Date(s): _____ Coach: _____ Referee: _____

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.

	Amount (\$)	Code
Honorarium:	_____	_____
Hours of Instruction: _____ at _____ per hour	_____	_____
Round Trip Mileage: _____ at _____ per mile	_____	_____
Supplies:	_____	_____
Soccer Related Telephone Calls:	_____	_____
US Mail, UPS, etc.:	_____	_____
Meals:	_____	_____
Lodgings:	_____	_____
Miscellaneous Expenses:	_____	_____
Total:	_____	_____
Advance Received:	_____	_____
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: _____