

Travel Team Season Reimbursement Request



South Shore Soccer Club of West Babylon

West Babylon, NY

11704

Name:

Division:

Team:

Coordinator:

Date	Reason / Account	Payee	Amount

Comments: All requests are subject to approval by Division Coordinator. Teams should be in good standing and sufficient documentation supporting your request should be attached at the time the request is made. Reimbursement amount are subject to change from one season to the next based on the approved budget and financial wellness of the club. Fall season requests need to be made and approved prior to December 31st and Spring Season requests need to be made and approved by June 30th. Problems or issues regarding any of the above should be made in writing to your division coordinator. Any inquiries made to the Treasurer will be discarded. Once the request is approved please allow up to 30 days for your check to be issued/mailed. Please make sure to include the pay to name in your request.

Authorized By:

Internal Use Only

Amount Paid	Check No.	Date