

TRSA Expense Reimbursement Voucher

Date of Expense _____

Amount or portion of expense to be reimbursed \$ _____

Signature of person authorizing expense

Event or purpose of expense _____

I here by certify that the above information is accurate and true and seek reimbursement of the above expense pending acceptance by Three Rivers Soccer Association-TRSA.

Attach receipt here

Signature of Applicant

Name of Applicant (please print)

Address & phone number of Applicant (please print)

Approved by:

Signature of Treasurer

Signature of President

Check # _____

Date _____