

**Galveston County Youth Soccer Expense Reimbursement Form**

This form is to be used to record those expenses you incur while volunteering for Galveston County Youth Soccer for which you wish to be reimbursed. Forms can be submitted in person or mailed to:

GCYS P.O. Box 2371 Texas City, TX 77592-2371 Attn: Treasurer

Date	Purpose	Type of Expense	Amount

Total

I understand the above expenses will NOT be PAID unless RECEIPTS are turned in with this from. Reimbursement will be made as soon as possible once all receipts have been submitted.

These represent an accurate account of my expenses.

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Address Signature

\_\_\_\_\_  
City, Zip Code Date

\_\_\_\_\_  
Authorization Signature Date

Paid: Check # \_\_\_\_\_ Cash \_\_\_\_\_  
Date \_\_\_\_\_

\_\_\_\_\_  
Signature - Treasurer