LOUISIANA SOCCER ASSOCIATION
EXPENSE REIMBURSEMENT FORM

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Event Description _____

General (100) State Coach (110) ODP (140) Tournaments NOKIA (170) State Open (180) Coaching Clinics (190) Other _____

MILEAGE:

DATE	FROM	TO	MILES TRAVELED	AMOUNT @50.5/ MILE

TOTAL MILEAGE

OTHER TRAVEL RELATED EXPENSES
(Attach receipts)

Airfare ..... _____

Taxi/Parking ..... _____

Car Rental/Shuttle ..... _____

Lodging ..... _____

Meals ..... _____

Other _____ ..... _____

TOTAL OTHER TRAVEL RELATED EXPENSES

NON-TRAVEL RELATED EXPENSES

Casual Labor _____ (Soc. Sec. No.) _____ (Rate) _____ (Hours)

Other Expense ..... _____

..... _____

Total Expense ..... _____

Less: Advance ..... (_____)

Am. Express ..... (_____)

NET DUE .....

_____ Signature of Person Filing Form

_____ Authorizing Signature

Date Paid _____ Check Number _____