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/ 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 _____