

FC Pride Expense Reimbursement Form

Date of Request: _____

FC Pride Team Name _____

Coach's Name _____
Email Information _____
Phone Number _____

Event Attended _____
Date of Event _____ to _____

	Expenses:			Amount
Hotel	Yes	No	Days _____	_____
Per Diem (\$25.00 per full day)	Yes	No	Days _____	_____
Mileage (\$0.45 per mile)	Yes	No	Miles _____	_____
Other				
_____				_____
_____				_____
_____				_____
			Total:	_____

Mail or Email this form and receipts to:

Ray Van Amburg
FC Pride Soccer Club Treasurer
8911 Sterling Ridge Run
Indianapolis, IN 46236
rvanamburg@sbcglobal.net

***Receipts must be included for request to be processed.
***Reimbursement paid at time of monthly stipend