



NORTH STATE  
SOCCER

**Expense Reimbursement Claim Form**

Payee: \_\_\_\_\_

Date: \_\_\_\_\_

Team Name: \_\_\_\_\_

Team Age: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Date	Item Purchased/Reason for Expenditure	Vendor	Cost

***\*Please Attach Invoices and/or Receipts\****

Total reimbursement requested \$                     

Requested by: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

Send To: North State Soccer  
Attn: Treasurer  
P.O. Box 991523  
Redding, CA 96099-1523

Requests can also be placed in the drop box at the soccer park located on the interior of the office.

[treasurer@reddingsoccer.com](mailto:treasurer@reddingsoccer.com)

Claims for reimbursement must be accompanied by original receipts if applicable.  
Claims received by the 5th of the month will be paid by the 20th. Claims received by the 20th will be paid by the 5th.