



Oklahoma Soccer Association

P.O. BOX 35174 • TULSA, OK 74153-0174

918-627-2663 • 800-347-3590 • FAX: 918-627-2693

Expense Report

Request Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Event(s): _____

Date(s): _____ Coach Referee Administrator

Note: Keep one copy for your records and forward the original to the OSA Office for approval by the appropriate department head. Please attach all related receipts. Form must be submitted within 30 days for reimbursement.

	Amount (\$)	Office Code
Hours of Instruction _____ @ _____ per hour	_____	_____
Round Trip Mileage: _____ @ \$0.58 per mile (Minimum of 25 Miles One Way)	_____	_____
Tolls:	_____	_____
Meals:	_____	_____
Supplies:	_____	_____
Airfare:	_____	_____
Lodging:	_____	_____
Other:	_____	_____
Reimbursement Due / Amount Owed:	_____	

Approved by: _____ Approved Date: _____

Title: _____