



Donegal Youth Soccer Volunteer Reimbursement Form

DYS Policy authorizes the DYS Treasurer or other DYS Officers or Directors to reimburse an individual for their volunteer efforts for each season for which they served in an eligible role.

Procedure:

1. Person requesting reimbursement submits this completed form to the Treasurer no later than July 1st for prior spring season or December 1st for prior fall season.
 1. Via email - treasurer@donegalyouthsoccer.com
 2. Via mail - Donegal Youth Soccer
 1. PO Box 396
 2. Maytown, PA 17550
 3. Submit at DYS Meeting
2. The Treasurer will send a check as reimbursement to the person incurring the approved expense per the Policy. Please allow 30 days for processing and payment.

Requested By:

Name: _____

Registrant's Name: _____

Team/Position: _____

Address: _____

City: _____

State: _____ Zip _____

Phone Number: _____

FOR DYS USE ONLY		
Authorization Verified:	Yes / No	
Amount Reimbursed:	_____	
Date:	_____	
Check Number:	_____	
Department:	Operations	Business
	Registrar	Coaching

I affirm that I have served a full season as an eligible volunteer, that I have returned all DYS property and a refund has not been issued for the above registrant(s).

Signature: _____

Date: _____