



## Donegal Youth Soccer Reimbursement Form

DYS Policy authorizes the DYS Treasurer or other DYS Officers or Directors to reimburse an individual for expenses incurred on behalf of DYS and for DYS benefit. Any person requesting reimbursement must submit this completed form along with any receipts for each expense and authorization prior to reimbursement.

### Procedure

1. Person needing to make expenditure of own funds follows the DYS Procurement and Reimbursement Policy to determine proper authorizations.
2. If additional authorization is required per the Policy, the person is permitted to incur expenditure once authorization is obtained via email or other written document.
3. Within 60 days of purchase, person requesting reimbursement submits this completed form along with detailed receipts and a copy of the authorization, if required, to the Treasurer.
  - a. Via email – [treasurer@donegalyouthsoccer.com](mailto:treasurer@donegalyouthsoccer.com)
  - b. Via mail – Donegal Youth Soccer  
PO Box 396  
Maytown, PA 17550
  - c. Submit at DYS Board Meeting
4. The Treasurer will send a check as reimbursement to the person incurring the approved expense per the Policy.

FOR DYS USE ONLY	
Authorization Verified:	Yes / No
Amount Reimbursed:	_____
Date:	_____
Check Number:	_____
Department:	<input type="checkbox"/> Operations <input type="checkbox"/> Business <input type="checkbox"/> Registrar <input type="checkbox"/> Coaching

Date	Item	Amount

### Requested By:

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

Team/Position: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

Authorized By: \_\_\_\_\_

All Receipts Submitted: Yes

Authorization Document Submitted: Yes

**I affirm that all expenses listed are for DYS use only and have been properly authorized prior to purchase.**

Signature: \_\_\_\_\_

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