

USPSA TEAM REIMBURSEMENT FORM

501 Umbrella Program Teams Only

Team Account/Name: _____ Date: _____

Athlete's Name: _____

Person Submitting Form: _____ Relationship: _____

Phone: (_____) _____ Cell: (_____) _____

Email: _____

Address: _____ City _____ State _____ Zip _____

Check Payable To: _____

Mail To: _____

REIMBURSABLE EXPENSES

All expenses incurred for athlete to participate in power soccer may be submitted, including but not limited to: airfare, car rental, accommodations, registration fees, meals, uniforms, attendant care and their expenses.

Airfare: \$ _____

Gas: \$ _____

Meals: \$ _____

Accommodations: \$ _____

Other: \$ _____

Total: \$ _____

Receipts are required for all expenses. Submit all receipts with this form.

Approved by: _____

Head Coach, Team Manager

Please fill out the form completely, attach all receipts, mail to:

USPSA Treasurer
P.O. Box 15668
Fremont, CA 94539
Phone: (510) 657-2912

Please allow 21 days for reimbursement.