



SOMERSET HILLS SOCCER CLUB



EXPENSE REIMBURSEMENT/CHECK REQUEST FORM

Payable to: _____

Payee Address: _____

Program (check one): Junior Kickers
 Intramural
 Travel (note alternate mailing address below)
(team/level) _____
 General SHSC expenses

Season (e.g. "Fall '11"): _____

Purpose of Expenses:

Tournament Fees \$ _____
Referee Fees \$ _____
Facility Fees \$ _____
Training Fees \$ _____
Coach Licensing Fees \$ _____
Other _____ \$ _____

Total Amount: \$ _____

When Required: _____

Requested by: Name: _____

Signature: _____

Contact Info./email: _____

Date: _____

SHSC Approval: _____



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Note: If this is a request for a check payable to a third party, please attach backup as available (e.g., copy of the application form for a tournament). If this is a request for reimbursement of expenses you have incurred, you must attach a photocopy of your cancelled check, original receipts, and/or other documentation clearly indicating that the expense was incurred by you. For small expenses for which such documentation is not available, your signature, certifying that you have incurred the expense on behalf of SHSC and have not been otherwise reimbursed, is sufficient.

For All Travel Team Only Expenses

**Mail to: JANE BOYER
29 SOMERSET AVE
BERNARDSVILLE, NJ 07924**

For All Other SHSC Expenses

**Mail to: SOMERSET HILLS SOCCER CLUB
ATTN: TREASURER
P.O. BOX 230
BASKING RIDGE, NJ 07920-0230**