



Payment/Reimbursement Request

Please submit your completed form and all supporting receipts/documentation using one of the following methods:

Mail: City SC San Marcos-Competitive PO Box 2016 San Marcos, CA 92079

Email: cfo@cityscsanmarcos.com (Attach scanned receipts/documentation)

Questions? cfo@cityscsanmarcos.com

DATE OF REQUEST:		RECEIPTS ATTACHED: <input type="checkbox"/> Yes <input type="checkbox"/> No	
TEAM INFORMATION (Please check all boxes for your team)			
TEAM: <input type="checkbox"/> Boys <input type="checkbox"/> Girls		YEAR: <input type="checkbox"/> 2006 <input type="checkbox"/> 2007 <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 <input type="checkbox"/> 2012 <input type="checkbox"/> 2013 <input type="checkbox"/> 2014 <input type="checkbox"/> 2015 <input type="checkbox"/> 2016 <input type="checkbox"/> 2017 <input type="checkbox"/> 2018 <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021	
LEVEL: <input type="checkbox"/> Juniors <input type="checkbox"/> Gold <input type="checkbox"/> White <input type="checkbox"/> Premier <input type="checkbox"/> Academy <input type="checkbox"/> EA <input type="checkbox"/> DPL			
TEAM COACH NAME:			
TOURNAMENT/RECIPIENT INFORMATION			
NAME OF TOURNAMENT:		DATE OF TOURNAMENT:	
TOURNAMENT WEBSITE:		REGISTRATION DEADLINE:	
RECIPIENT NAME:			
DESCRIPTION OF EXPENSE: (i.e. soccer supplies, or related tournament information, Flight info, etc.)			
PAYMENT INFORMATION			
TOTAL AMOUNT REQUESTED TO BE PAID: (INCLUDING CREDIT CARD OR TOURNAMENT FEES)		\$	
<input type="checkbox"/> PAY VIA CHECK	RECIPIENT NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE _____ ZIP CODE _____		
<input type="checkbox"/> PAY VIA CREDIT CARD AT TOURNAMENT WEBSITE	LOG IN: _____ PASSWORD: _____		
<input type="checkbox"/> PAY VIA VENMO	VENMO USERNAME: _____ LAST 4 OF PHONE #: _____		

Coach or Manager Signature: _____ **Date** _____

CFO/Treasurer Comments

Approved? ☐ Yes ☐ No

Reason for disapproval: _____

Treasurer Signature: _____ Date _____