



## Northfield Soccer Team Expense Reimbursement

### Reimbursement Policy / Instructions

Please document your request for reimbursement thoroughly. If you paid the expense by:

**Check** - include a copy of the returned check or the photo copy provided by the bank.

**Credit card** - include the Customer Copy.

**Cash** - include register receipt and state the circumstances and the date you incurred the expense. (Other than for referee fees, make every attempt to pay NSA-related expenses with a check or credit card.)

**2. MYSA League Playoff registration fees:** Include a copy of the Playoff registration confirmation for your team. NSA will cover 100% of the registration, if your team chooses to participate.

**3. Referee Fees:** For post season referee payment reimbursement requests, give **number of games** and **amount** paid per game. NSA will cover 100%.

**4. MYSA State Tournament fees:** Please complete ahead of time and request that the check be made out to MYSA. NSA will cover 100% of the registration.

**5.** If you are **donating** your expense reimbursement to the Club, and wish to have a record of it for tax purposes, fill out an Expense Reimbursement Form and state your intentions to donate the reimbursement in the Miscellaneous Expense area. We'll send you an acknowledgement. (As always, you should consult with your tax advisor on the tax deductibility of any donation.)

**6. Miscellaneous:** All miscellaneous expenses must be pre-approved by the NSA Executive Board.

**7.** Completely fill out, date, sign form, attach receipts and mail to:

**Northfield Soccer Assn**  
P.O. Box 37  
Northfield, MN 55057

**Expenses** for \_\_\_\_\_ Season **Amount**

**MYSA League Playoffs:** Registration \$ \_\_\_\_\_  
Playoff Referee Fees:  
# Games \_\_\_\_\_ @ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**MYSA State Tournament:**  
Registration \$ \_\_\_\_\_

**Miscellaneous \***

\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_

**Total Expenses Submitted** \$ \_\_\_\_\_

**Issue Check to:**

\_\_\_\_\_

**Signature:**

\_\_\_\_\_

NSA Use Only

Amount Reimb:  
Date:  
Check #:  
Check Issued to:  
Authorizing Officer: