St Jane Soccer
Reimbursement Form

Instructions
1. Complete the form below with Date, Dollar Amount and Description of Expenditure
2. Total the dollar amount at the bottom. This is your reimbursement
3. Staple all receipts to this completed form and give to SJS Treasurer for Reimbursement at SJS General Meeting
4. Sign and date the form below
5. Reimbursements will not be given without this form.

Last Name	First Name	**Name of Soccer team**

Date	Dollar Amount	Brief Description Of Expenditure
TOTAL:		<= Amount Due SJS Member

I hereby certify that the above expenditures were spent for legitimate St. Jane Soccer expenses only and include no items of a personal nature.

Signature Date

Approved By Date

SJS Treasurer Use Only	
Check Number:	
Date Issued:	
Amount:	Treasurer Initials: