



Expense Reimbursement Request

Name (List the check gets made out to) _____

Address _____

Phone _____

Amount \$

☐ Practice Field Rental (Specify Field - WCSC to reimburse up to \$100) _____

☐ Equipment (Brief Description) _____

☐ Supplies (Brief Description) _____

☐ License (Attach a Copy of Your License To Form) _____

☐ Other (Brief Description) _____

Please attach receipt (original or a copy). Receipt not necessary for field rental reimbursement.

Warren County Soccer Club
Attn: Treasurer
PO Box 1105, Mason, OH 45040

Payment will be made to you within 30 days

For WCSC Use Only

Date Mailed _____ Check # _____ In _____