

Jr Irish Soccer Club Inc

Team Rep Expense Report

Name _____ Team Name: _____

Address: _____ Age Group: _____ Boys Girls (circle one)

City/State/Zip: _____

DATE	EXPENSE DESCRIPTION	CHARGE	TOTAL
TOTALS			

NOTES:

1. *Attach a receipt for expenses when possible.*
2. *Provide a brief description of each expense.*
3. *Mileage is reimbursed at 30¢ per mile.*

4. *Send to:* Lori Gidman
 10622 Brems Court
 Osceola, IN 46561
 irishbookkeeper@comcast.net

