

CASTLEFORD ROVERS SOCCER CLUB
REQUEST FOR REIMBURSEMENT

TEAM NAME: _____

COACH NAME: _____

EXPLANATION OF EXPENSE: _____

SUBMITTED DATE: _____

REIMBURSEMENT AMOUNT REQUESTED: _____

CHECK PAYABLE TO: _____

ADDRESS (INCLUDE CITY, STATE, ZIP): _____

PHONE: _____

E-MAIL: _____

SUBMITTED TO: **FAITH BERLAND, TREASURER CFR**
40 BRETT LANE
BEDFORD, NY 10506
OR FAITHBERLAND@GMAIL.COM

PLEASE ATTACH PAID RECEIPT TO THIS FORM AND MAIL OR E-MAIL TO TREASURER.
TRAINING FEES WILL ONLY BE REIMBURSED ONCE COURSE IS COMPLETE AND
PASSING GRADE IS ACHIEVED.

CHECK # _____

ISSUED ON: _____