

New York State West 2024 Expense form - UPDATED JANUARY 1, 2024



SOCCER ASS	4									Tited
Name							Department			
Address	ddress							_		
City Phone		State			Zipcode		Date			
	PURPOSE OF TRIP:	•								
•	TONFOSE OF TRIF.									
	Itemized Air/Transport Exp	enses					Itemized Lodging Ex	(penses		
Date	Business Purpose	From - To	CC	Amount	Date	Hotel & Busi	ness Purpose	City	CC	Amount
	Total Itemized Air/Transport Expenses			\$ -		Total Itemized	Lodging Expenses			\$ -
D (Itemized Meal Expense		100		D 1		mized Entertainment		Loo	
Date	Where and Business Purpose & Who	Туре	CC	Amount	Date	VV	'ho	Purpose	CC	Amount
	T. (116) 15									•
	Total Itemized Meal Expenses			\$ -			ntertainment Expens	ses		\$ -
Date From	Date To	Business I		Business Use ose & Start to [utomobile	Start Mileage	End Mileage	NA	Total Miles
	Total	Poimbursomo	nt fo	r Business Us	o of Porsonal	Automobile				\$ -
					c of f croonar	Automobile			_	
Date	Itemized Other Travel Expenses (Parkin Business Purpose	ng/Tolls/Gas/ Type	Etc.)		GL Acct		EXPENSE SUMM	IARY		Amount
						Total	Itemized Air/Transpo	rt Expenses		\$ -
						Tot	al Itemized Lodging E	Expenses		\$ -
						Total Reimbursem	ent for Business Use	of Personal Autom	obile	\$ -
						Total Itemized Otl	ner Travel Expenses	(Parking/Tolls/Gas/	Etc.)	\$ -
Total Itemized	d Other Travel Expenses (Parking/Tolls/	Gas/Etc.)		\$ -			TOTAL TRAVEL	<u>, j</u>	,	\$ -
				_		306	TOTAL TRAVEL			-
Date	Itemized Other Reimburseab Description	GL Acct	СС	Amount		Т	otal Itemized Meal Ex	penses		\$ -
Date	Description	GL ACCI	CC	Amount			temized Entertainme			\$ -
						SUBTOTAL N	MEALS/ENTERTAINN	IENT		\$ -
							OTHER ITEMS			\$ -
						TOTAL E	XPENSE SUMMARY	,		\$ -
					Total Expense	es charged to NYSW	YSA CC			\$ -
Total Itemized Other Reimburseable Items				\$.	TOTAL AMOUNT DUE					\$ -

By processing this expense report I am declaring (under the penalities of perjury) this account of expenses is accurate and conforms with all travel and expense policies of New York State West Youth Soccer Association and any NYS regulations. The expenses were actual, reasonable and incurred in the performance of my official duties. No portion of this cliam was provided free of charge, convered by a registration fee, previously reimbursed from another source, or will be paid by any other source in the future.

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Submitter	Date	Approved	Date	