

USPSA TEAM DISBURSEMENT FORM

501 Umbrella Program Teams Only

Team Account/Name: _____ Date: _____

Athlete's Name: _____

Person Submitting Form: _____ Relationship: _____

Phone: (_____) _____ Cell: (_____) _____

Email: _____

Address: _____ City _____ State _____ Zip _____

Check Payable To: _____

Mail To: _____

EXPENSES

All expenses incurred for the playing of power soccer may be submitted, including but not limited to: airfare, car rental, accommodations, registration fees, meals, uniforms, attendant care and their expenses, and tournament expenses.

Airfare: \$ _____

Gas: \$ _____

Meals: \$ _____

Accommodations: \$ _____

Other: \$ _____

Other: \$ _____

Total: \$ _____

Receipts are required for all expenses. Submit all receipts with this form.

Approved by: _____
Head Coach, Team Manager

Please fill out the form completely, attach all receipts, mail to:

Jim Labas
8811 Amber Rd
Ft. Wayne, IN 46814

Please allow 21 days for payment.