

# 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:**

USPSA  
10974 Wintercove Way  
Fishers, IN 46038

Please allow 21 days for payment.