



ARKANSAS SOCCER ASSOCIATION

COACHING COURSE INSTRUCTOR REIMBURSEMENT FORM

Please complete and submit this form within 10 days of each event. Submit one form per event.

Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Type of Course: _____ Location: _____
Number of Attendees: _____ Date: _____

Fee Schedule: Grassroots Courses (4v4, 7v7, 9v9, 11v11): \$140 per course
D License Courses: \$1,625 per course
TOTAL: _____

Mileage: Roundtrip mileage is reimbursable at \$0.35/mile, if roundtrip mileage exceeds 50 miles.

Mileage: _____
TOTAL: _____

Other Expenses: Please explain any other expenses in the space below and attach receipts. Lodging expenses require ASA authorization in advance.

TOTAL: _____

GRAND TOTAL: _____

I certify that the expenses above were accomplished in the performance of official duties pursuant ASA authority and that no part of the expense for which compensation is claimed was for other than official ASA business. Lodging and other required receipts have been attached. I also understand that payment for the services provided will be withheld until all required event reports have been submitted in writing to the ASA DOC or other designated ASA administrators.

Coach's Signature

Date

