



ARKANSAS SOCCER ASSOCIATION

PLAYER DEVELOPMENT TRAINING 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: _____
Event: _____ Location: _____
Coaching Position: _____ Date: _____

Fee Schedule: \$35/hour for staff coaches (not to exceed 4 hours without advance authority)
\$25/hour for assistant coaches (not to exceed 4 hours without advance authority)
\$20/hour for evaluators (not to exceed 4 hours without advance authority)
No. of hours worked: _____
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

ASA Technical Director/DOC Signature

Date

