

OAKLAND SOCCER CLUB

REQUEST FOR FUNDS

(NO FUNDS WILL BE DISTRIBUTED WITHOUT THIS FORM)

MAIL OR DELIVER TO:

Oakland Soccer Club
PO Box 27546
Oakland, CA. 94602
Attn: Donna McNichol - OSC Treasurer
(510) 368-5290

FROM (Person to receive OSC check):

Name _____

Club/Team position (i.e. coach, manager, etc) _____

Team name, gender, and age _____

Address _____

City, State, ZIP _____

Phone # _____ Email _____

Requesting payment for(attach receipt(s) & keep a copy for your records):

Date(s) of Expenditure:

If this is a tournament, name the team, tournament name, and date of tournament (for the season, the OSC will ONLY reimburse teams for ONE tournament. ONE additional tournament MAY be approved on a case-by-case basis, but you MUST have OSC BOARD approval BEFORE reimbursement can be made for a second tournament. PLEASE do NOT request a second tournament reimbursement BEFORE the OSC BOARD gives it's approval, IF it does):

Team _____ Tourney Name _____ Tourney Date _____

I certify that this request is for reimbursement of funds that I personally spent for OSC or OSC approved items.

Print Name

Signature

Date