



## REQUEST FOR FUNDS

(No funds will be distributed without this form)

**Email to:**

[treasurer@oaklandsoccer.org](mailto:treasurer@oaklandsoccer.org)

Include all receipts as attachments

**Or mail to:**

Oakland Soccer Club

Attn: OSC Treasurer

P.O. Box 27546

Oakland, CA. 94602

**Name:** \_\_\_\_\_

(Person to receive OSC check)

**Club/Team position:** \_\_\_\_\_

(i.e. coach, manager, etc)

**Team name, age, and gender:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date(s) of expenditure:** \_\_\_\_\_

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

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**