



# Travel Check Request Form

Travel Team Reimbursement Request for Non-Tournament Related Expenses included on the  
Travel Team Itemization (Green Sheet) Form

Date: \_\_\_\_\_ Requestor: \_\_\_\_\_  
Print Team Manager

Travel Team Name & Coach: \_\_\_\_\_

Travel Team # \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

Reason for Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Payee Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone #(s): \_\_\_\_\_

Please circle one: (Stipend Payment) or (Expense Reimbursement)

Requestor Signature: \_\_\_\_\_  
-----

PSA Office Use Only:

Approved by (Print Name): \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Attachment Receipts for Expense Reimbursement

Mail to: Plymouth Soccer Association, 14800 34<sup>th</sup> Ave N, Plymouth, MN 55447  
763-450-3099 or [info@plymouthsoccer.com](mailto:info@plymouthsoccer.com)