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EXPENSE RECONCILIATION FORM

	Dear		Academy Program
	Team		Travel Program
Enclosed is a \$ advance for the upcoming season. In order to provide a record of how monies are spent (a SCOR and IRS requirement), please provide a breakdown of your team's expenses and provide receipts at the conclusion of the season. This accounting is due by: Spring Season - June 30th, Fall Season - November 30th. Please mail back to Jennifer Bergen, SCOR, PO Box 694, Ridgefield, CT 06877. The following may help you summarize the necessary information.			
Tournaments - SCOR will pay 2 per season for a total of 4 for the year (Fall & Spring). (SCOR Warm-up Tournament is counted as one of the four tournaments SCOR will pay for.)			
Referees - SCOR pays for all referee fees incurred at home games.			
Miscellaneous - SCOR pays for postage, copying and long distance phone calls. Advances should NOT be used for coaches' gifts, refreshments or similar items.			
Equipment - SCOR will only pay for approved equipment after approval from the Program VP. SCOR will pay for balls, flags, cones and practice vests.			
Uniforms - Jersey, t-shirt, shorts and socks are the responsibility of the parents. At U10 Travel and U11 and above goalie shirt and gloves are the responsibility of the parents. Academy ONLY, SCOR will pay for a goalie shirt and gloves for team use. The goalie shirt and gloves will be returned to SCOR when player(s) move out of Academy.			
U14 and above Teams Only - At the end of your spring season, all equipment needs to be returned to SCOR. Professional Coaches are responsible for returning all equipment to the Program VP before receiving final coaching payment.			
Income:		Note: Tournament a	dvances have already been deducted for some teams.
Advance	\$		
Previous Distrib			was along of Advanced Founds
TOTAL	\$	Pro	posed use of Advanced Funds
Expenses (See	Below):	T	o oute
Tournaments	\$	Tournan	• ——————
Referees	\$		\$
Misc.	\$	I IVIISC.	Φ
TOTAL	\$	Total	¢
Balance due fro	om SCOR \$		Ψ
At the end of the season, surplus funds should be returned with this reconciliation form by Spring Season - June 30th, Fall Season - November 30th. In the event that this advance was insufficient please e-mail me with your request for additional funds (please include a description of how the additional funds are to be spent). SCOR Bookkeeper's e-mail address is scorbookkeeper@sbcglobal.net. Thank you and we look forward to working with you this season. PLEASE CUT OUT BELOW AND RETURN TO PROGRAM VP BEFORE START OF SEASON			
		asknowledge receipt of C	as an advance against synapses to
		acknowledge receipt of \$ I Season for the	as an advance against expenses to team.
will account for the expenses via the Expense Reconciliation Form, returning any unused funds and validating the need for additional funds.			

Date: -