

ROSE CITY FOOTBALL CLUB

EXPENSE REIMBURSEMENT FORM

Revision Date: April 9, 2025



Please fill out the form below and submit by email to [emosca@rosecityfcwindsor.com](mailto:emosca@rosecityfcwindsor.com)  
**ALL RECEIPTS MUST BE** attached with this form in order to be reimbursed.

TEAM INFORMATION

DATE REQUESTED:	TEAM NAME:	
HEAD COACH NAME:	TEAM GENDER:	AGE DIVISION:
REQUESTOR NAME:	REQUESTOR EMAIL:	

PAYEE INFORMATION

FULL NAME:	PAYABLE TO: <small>(if different than Full Name)</small>
EMAIL:	PHONE:
MAILING ADDRESS:	
CITY:	POSTAL CODE:

DATE	RECEIPT#	DESCRIPTION	AMOUNT
TOTAL REIMBURSEMENT			

COACH/MANAGER SIGNATURE

DATE

ROSE CITY FC ADMINISTRATION ONLY

DATE RECEIVED:	DATE PAID:	CHEQUE #:
DELIVERY: <input type="checkbox"/> MAIL <input type="checkbox"/> PICK-UP	CONTACT: <input type="checkbox"/> EMAIL <input type="checkbox"/> PHONE	DATE:
NOTES:		