



2222 Broadwater Avenue, Suite 101
Mailing Address: P.O. Box 22522; Billings, MT
59104
(406) 294-9480

Manager/Coach Request for Reimbursement

Request Date: _____ Payee is: Team Manager ___ Team Coach ___ Team Parent ___

Payee Name: _____

Payee Address: _____

Payee City / State / Zip: _____

Payee Phone: _____

Reimbursement requested for (check all that apply):

Item	Amount	Pay To (check one)	Magic Check # (for office use)
Tournament Registration Fee	_____	TOURNAMENT PAYEE	_____
Tournament Travel Roster Fee to MYSA	\$10.00	Magic City Soccer Club	_____
Tournament Travel to Coach (# of Days)	_____	COACH PAYEE	_____
TOTAL AMOUNT REQUESTED			_____

Team Name: _____

Coach Name: _____

Coach's Address: _____

Tournament Name: _____

Tournament Remit Address: _____

Tournament Remit City / State / Zip: _____

Date of Tournament: _____

This is our team's (check one):

3rd Tournament ___ Tournament in lieu of the Magic Classic ___ Tournament in lieu of State Tournament ___

I certify that the above expenses have been incurred by our team and not yet reimbursed by Magic. I have completed the team tournament registration and tournament travel papers.

Signed _____ Date _____

For office use only: Checks distributed on _____ by _____