



REQUEST FOR FUNDS

(NO FUNDS WILL BE DISTRIBUTED WITHOUT THIS FORM)

MAIL OR DELIVER TO:

Oakland Soccer Club
P.O. Box 27546
Oakland, CA. 94602
Attn: David Cedillo - OSC Treasurer

FROM (Person to receive OSC check):

Name: _____

Club/Team position (i.e. coach, manager, etc): _____

Team name, gender, and age: _____

Address: _____

City, State, ZIP: _____

Phone #: _____ **Email:** _____

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

Date(s) of expenditure: _____

If this is a tournament, name the team, tournament name, and date of tournament (OSC will ONLY reimburse teams for ONE tournament. ONE additional tournament MAY be approved on a case-by-case basis, but you MUST have OSC BOARD approval BEFORE reimbursement can be made for a second tournament. PLEASE do NOT request a second tournament reimbursement BEFORE the OSC BOARD gives it's approval, IF it does):

Team: _____ **Tourney Name:** _____ **Tourney Date:** _____

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

Print Name

Signature

Date