

Downtown Las Vegas Soccer Club
 900 South Valley View Blvd
 Suite 175
 Las Vegas, NV 89135



Expense Report

Name:		Date:	
Address:		Phone:	
Date:	Expenses:	Purchased From:	Amount:
	Room and Tax		
	Rental Car		
	1 tank of Gas		
	Airline Ticket		
	Food		
	Miscellaneous		
Subtotal:			
Paid by Team:			\$ ()
Take out of the Team Account:			\$
Total Reimbursement Check:			\$
Signature:		Date:	
Approved by:		Date:	