

FC Somers Expense Reimbursement Process

Reimbursements to be submitted via PDF.

Check request and supporting documentation to be included in a single PDF.

Unsupported formats: Excel, forwarded emails, word or photographs.

1. Print and legibly complete FCS Check Request, attached.
2. Use a scanner/phone app that can create a pdf (iPhone Notes, Genius San, iScan) to scan the check request and supporting documentation to one pdf.
3. Mail the pdf to president@fcsomers.com and sysocheckrequest@bill.com.
4. Allow 10-14 business days for processing.

Form Completion Instructions

1. Team Name: Team to which expense relates. If claiming for multiple teams use “Multiple - see below”. If submitting a Club covered expense enter “Club”.
2. Total Amount: Total of entire claim.
3. Payable To: Individual/business to be paid.
4. Address: Mailing address of individual/business.
5. Expense Type: If request relates to just one expense type, check that expense from the list provided. If the request is for multiple expense types do not check a box, instead breakout and sub-total in the <Detail> section.
6. Detail: Describe the expense (see attached examples). Training/Game expenses must include the date, time and rate per session/game. If the trainer does not provide an invoice state that the fees are “Per contract”, if an invoice is available “Invoice attached”. Referee reimbursement for non-WYSL games must include the date, opposition, competition/league and a screen shot of game details from the official competition/league website must be included with the reimbursement. Total the expenses “Total Amount” be sure it agrees with the “Total Amount” at the top of the form. Note: NYS Tax is not reimbursable, avoid out of pocket costs by presenting the NYS Tax Exempt form, available on FCSomers.com, at time of purchase.
7. Submitted by: Your name
8. Email: Your Email
9. Phone: Your Phone
10. Date: Date of submission
11. Use a scanner or phone app that creates pdfs (such as: iPhone Notes, Genius Scan, iScan) to scan the check request form and supporting documentation to one pdf.

Three examples of completed forms are attached and instructions to create a pdf using iPhone Notes.

Questions to president@fcsomers.com.

INSTRUCTIONS: Print form. Complete legibly. Use scanner or phone app (notes/genius scan/iscan) to create ONE pdf including this form and all supporting documentation. Email pdf to president@fcsomers.com and sysocheckrequest@bill.com. Allow 10-14 business days for payment. Failure to follow these instructions and guidelines provided on fcsomers.com will result in delayed payment.

FC SOMERS CHECK REQUISITION

Team Name

Payable to

Total Amount

Address

Expense Type Check one of the following if the request is solely related to that expense. If request is for multiple expense types, breakout and sub-total in "Detail", below, using expense headings.

<input type="checkbox"/> Training/Games	<input type="checkbox"/> Referees	<input type="checkbox"/> Equipment	<input type="checkbox"/> League Fees/Cards	<input type="checkbox"/> Other Costs
<input type="checkbox"/> Uniforms	<input type="checkbox"/> Field Rental	<input type="checkbox"/> Medical Supplies	<input type="checkbox"/> Tournament	<input type="checkbox"/> Operations

Detail

Total Amount

Note:

NYS Tax not reimbursable, avoid paying out of pocket, present Tax Exempt form at time of purchase - available on FCSomers.com.

Submitted by

Email

Date

Phone

EXAMPLE # 1

INSTRUCTIONS: Print form. Complete legibly. Use scanner or phone app (notes/genius scan/iscan) to create ONE pdf including this form and all supporting documentation. Email pdf to president@fcsomers.com and sysocheckrequest@bill.com. Allow 10-14 business days for payment. Failure to follow these instructions and guidelines provided on fcsomers.com will result in delayed payment.

FC SOMERS CHECK REQUISITION

Team Name

SABERS

Payable to

MIKE WALSH

Total Amount

316.28

Address

42 PINE ROAD
SOMERS, NY 10589

Expense Type Check one of the following if the request is solely related to that expense. If request is for multiple expense types, breakout and sub-total in "Detail", below, using expense headings.

<input type="checkbox"/> Training/Games	<input type="checkbox"/> Referees	<input type="checkbox"/> Equipment	<input type="checkbox"/> League Fees/Cards	<input type="checkbox"/> Other Costs
<input type="checkbox"/> Uniforms	<input type="checkbox"/> Field Rental	<input type="checkbox"/> Medical Supplies	<input type="checkbox"/> Tournament	<input type="checkbox"/> Operations

Detail

REFEREES (screenshot att.)

5/1 vs. RYE - NY CUP

\$ 83

5/4 vs. SYOSSET- PDP

\$ 83 \$ 166.00

MEDICAL (receipt att.)

12 ICE PACKS @ CVS

\$ 40 \$ 40.00

FIELD RENTAL

1hr @ \$ 75 - CARMEL
(inv. attached)

\$ 75 \$ 75.00

OTHER COSTS

MILEAGE SOMERS - SYOSSET
*63 @ .56/mile

\$ 35.28 \$ 35.28

Total Amount

316.28

Note:

NYS Tax not reimbursable, avoid paying out of pocket, present Tax Exempt form at time of purchase - available on FCSomers.com.

Submitted by

MIKE WALSH

Email

MWS162@NYMAIL.COM

Date

5.12.18

Phone

917-123-4567

EXAMPLE #2

INSTRUCTIONS: Print form. Complete legibly. Use scanner or phone app (notes/genius scan/iscan) to create ONE pdf including this form and all supporting documentation. Email pdf to president@fcsomers.com and syscheckrequest@bill.com. Allow 10-14 business days for payment. Failure to follow these instructions and guidelines provided on fcsomers.com will result in delayed payment.

FC SOMERS CHECK REQUISITION

Team Name **MULTIPLE - SEE BELOW**

Payable to **SOCER TRAINING INC.**

Total Amount **\$ 985.00**

Address **1234 SOUTH CIRC.
SOUTH SALEM, NY 10421**

Expense Type Check one of the following if the request is solely related to that expense. If request is for multiple expense types, breakout and sub-total in "Detail", below, using expense headings.

Training/Games Referees Equipment League Fees/Cards Other Costs
 Uniforms Field Rental Medical Supplies Tournament Operations

Detail

SABERS*

TRAINING

5/1, 5/3, 5/7 - 6:30-9pm
@ \$140/SESSION **\$420**

GAMES

5/9 - 11am @ \$125/game **\$125**

TOURNAMENT

4/20 - all day @ \$200
- JOHN JAY **\$ 200**

TOTAL SABERS: \$ 745

LIONS*

TRAINING

5/1, 5/4 - 3-4pm
@ \$120/SESSION **\$240**

TOTAL LIONS : \$ 240

* **PER CONTRACT**

Total Amount \$ 985.00

Note:

NYS Tax not reimbursable, avoid paying out of pocket, present Tax Exempt form at time of purchase - available on FCSomers.com.

Submitted by **MIKE WALSH**

Email **MWS162@MYMAIL.COM**

Date **5.12.18**

Phone **917-123-4567**

EXAMPLE #3

INSTRUCTIONS: Print form. Complete legibly. Use scanner or phone app (notes/genius scan/iscan) to create ONE pdf including this form and all supporting documentation. Email pdf to president@fcsomers.com and syscheckrequest@bill.com. Allow 10-14 business days for payment. Failure to follow these instructions and guidelines provided on fcsomers.com will result in delayed payment.

FC SOMERS CHECK REQUISITION

Team Name **SABERS**

Payable to **SOCCER TRAINING INC**

Total Amount

98.62

Address **1234 SOUTH CIRC.
SOUTH SALEM, NY 10421**

Expense Type Check one of the following if the request is solely related to that expense. If request is for multiple expense types, breakout and sub-total in "Detail", below, using expense headings.

Training/Games Referees Equipment League Fees/Cards Other Costs
 Uniforms Field Rental Medical Supplies Tournament Operations

Detail

OTHER COSTS - TOLLS, GAS + FOOD
DELOC TOURNAMENT - MEMORIAL WEND

TOLLS : \$ 17.42

GAS : \$ 65.20

FOOD : \$ 16.00

98.62

See attached for all receipts totalled by type.

Total Amount **98.62**

Note:

NYS Tax not reimbursable, avoid paying out of pocket, present Tax Exempt form at time of purchase - available on FCSomers.com.

Submitted by **MIKE WALSH**

Email **MWS162@MYMAIL.COM**

Date **5.12.18**

Phone **917-123-4567**

EXAMPLE #3 SUPPORTING DOC.

TOLLS: \$17.42

NJT	PA
_____	_____
_____	_____
_____	_____
_____	_____
\$12.50	\$4.92

GAS: \$65.20

MOBIL	SHELL
_____	_____
_____	_____
_____	_____
\$30.00	\$63.20

FOOD: \$16.00

WAWA

\$16.00

Scan a document in Apple Notes

With iOS 11, you can scan documents in Notes.

To scan a document:

1. Open a note or create a new note.
2. Tap , then tap Scan Documents.
3. Place your document in view of the camera on your device.
4. If your device is in Auto mode, your document will be automatically scanned. If you need to manually capture a scan, tap  or one of the Volume buttons.
5. Drag the corners to adjust the scan to fit the page, then tap Keep Scan.
6. You can add additional scans to the document or tap Save when you're done.
7. To email the document tap .