



PACIFIC SWIMMING

CHECK REQUEST / REQUEST FOR REIMBURSEMENT or FOR SERVICES PROVIDED

FROM:

[Empty box for FROM]

DATE:

[Empty box for DATE]

Function (circle)	Account (circle)	Budget Code	Amount \$
Registration	Administration	[]	\$ []
Membership	Telephone	[]	\$ []
Sanctions	Postage	[]	\$ []
Records	Supplies	[]	\$ []
Publications	Repair	[]	\$ []
Age Group	Computer Service	[]	\$ []
Camps	Seminar	[]	\$ []
Senior	Telephone / Internet	[]	\$ []
Treasurer	Services*	[]	\$ []
Officials	Background Check **	[]	\$ []
Awards	** Officials requesting reimbursement for the background check expense should send this request with the attached receipt to their zone treasurer.		
Outreach	Other: Describe	[]	\$ []
Chair	[]	[]	\$ []
Board of Review	[]	[]	\$ []
Coaches	[]	[]	\$ []
Other	[]	[]	\$ []
Check Total:			\$0.00

Remarks / Special Instructions:
[Empty lines for remarks]

*Special Note: The RECIPIENT'S tax id number and current mailing address (IRS Form W9) must be provided for all payments for goods and/or services, including but not limited to stipends, honorariums, computer operations, timing services before payment will be issued.

Check Payable To: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Attention: _____

W9 on File? Y N

Please verify with Pacific Swimming Treasurer. If not on file, a Form W9 must be included with this request for payment.

Attach Receipts! **Signature of Person Approving Payment:**

For Treasurer: _____ **Date Received:** _____ **Check #:** _____ **Date Issued:** _____

Master Vendor File: Y N