



CHECK REQUEST for REIMBURSEMENT or SERVICES PROVIDED

Requestor Name _____

Date _____

Account:

Amount:

☐ **52000 - NATIONAL/SENIOR PROGRAM**

\$ _____

☐ 52070 – Club Development/Education

☐ **54000 – AGE GROUP PROGRAMS**

\$ _____

☐ 54010 – Pac Coast All Star Meet

☐ 54015 – Western Zone Meet

☐ 54200 – Zone Challenge Meet

☐ 54250 – Zone Challenge Meet – Host Zone

☐ **54500 – CAMP PROGRAMS**

\$ _____

☐ 54510 – SR Olympic Training Center

☐ 54550 – Diversity Camp

☐ **55000 – DIVERSITY & DISABILITY PROGRAMS**

\$ _____

☐ 55100 – Diversity Program Grants

☐ 55200 – Awareness Fund

☐ 55250 – Marketing

☐ 55400 – WZ Diversity Camp

☐ 55600 – Disability Travel

☐ **56000 – CHAIRMAN**

\$ _____

☐ 56030 – Contingency

☐ 56075 – Travel Expenses

☐ **58000 – OFFICIALS**

\$ _____

☐ 58300 – Supplies/Copying

☐ 58400 – Rule Books

☐ 58500 – Equipment

☐ 58600 – Clinics

☐ 58700 – Motivational (Recruit/Retain)

☐ 58800 – National Evaluators

☐ 58900 – Officials to National Meets

☐ 58950 – Officials Lodging

☐ **59000 – VOLUNTEERS**

\$ _____

☐ 59050 – Athlete Committee

☐ 59400 – Seminars/Clinics

☐ 59450 – Safe Sport

☐ 59515 – Zone 4 HOD/BOD Attendance

☐ **63000 – OFFICE EXPENSES**

\$ _____

☐ 63300 – Postage

☐ 63400 – Supplies/Copying

☐ 63500 – Mileage

CHECK TOTAL \$ _____

Describe in detail the purpose of these expenses

Check Payable To: _____ **Email Address:** _____

Address: _____
Street Address City State Zip

☐ **Receipts Attached**

Signature of Person Approving Payment

Date

**** The RECIPIENT's Tax ID number and current mailing address must be provided on IRS Form W9 (see page 2) for all payments for goods, and/or services, including, but not limited to, stipends, honorariums, computer operations, and timing services, before payment will be issued.**