



# 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:** \_\_\_\_\_

**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.**