



# 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

**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.**