



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.**