



FOR OFFICE USE ONLY	
Date Received:	_____
Date Paid:	_____
Check #:	_____

LOCAL PROGRAM CHECK REQUEST

Requested By (Team):	Area:	Code:
Contact:	Contact Phone:	

Pay To:
Address:
City:
State: Zip Code:
Telephone:
Remit To:
Address:
City:
State: Zip Code:

Invoice / Service Date:
Amount:
Invoice #:
P.O.#:
Cost Description:
Comments:
Deadline Date:

Team Expense Categories

- 5110 Rent / Storage
- 5454 Travel, Meals, & Lodging
- 5805 Coaches Training
- 5810 Athlete Training
- 5825 Uniforms
- 5155 Office & Communication
- 5660 Other Fundraising
- 5820 Sports Equipment
- 5950 Advance
- 5990 Misc. Expense

For Accounting Use Only

GL-CODE		\$
GL-CODE		\$
GL-CODE		\$
GL-CODE		\$
GL-CODE		\$

Reviewed:	Posted:
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Payment Approved:
