

Zip Code:

FOR OFFICE USE ONLY Date Received:

Date Paid:_____

Check #:

LOCAL PROGRAM ADVANCE REQUEST

Requested By:		
Team:	Area:	Code:
Pay To:	Request Date:	
Address:	Request Amount: \$	
	Invoice #:	

City: State:

Telephone:

Comments:

These expenses are related to: _____ State Games _____ Area / Sectional Games _____ Other

Deadline Date:

Provide an estimate of the expenses which you plan to incur for your team. Include a relative date, a brief description, quantity when applicable, and the estimated amount of each expense.

ESTIMATE OF EXPENSES

DATE	DESCRIPTION	QUANTITY	\$ AMOUNT
	Transportation -		
	Meals-		
	Lodging -		
	Athlete Training -		
	Uniforms -		
	Office Supply -		
	Fundraising Expenses-		
	Equipment -		
		TOTAL REQUEST	\$

For Accounting Use Only		
GL-CODE:		
Reviewed:	Posted:	
Payment Approved:		