



CHECK REQUEST FORM

DATE: _____

TEAM AGE: _____

REASON FOR EXPENSE: _____

PAY TO: _____ TOTAL AMOUNT: _____

MAIL TO: _____

Address _____

Tournament Entry Fee Dates _____ \$ _____

Air Fare Rate # Of People
 _____ X _____ = \$ _____

Hotel Rate # Of Days # Of Rooms
 _____ X _____ X _____ = \$ _____

Food Per Diem Rate # Of Days # People
 _____ X _____ X _____ = \$ _____

Transportation \$ _____

Travel \$ _____

Batting Lessons \$ _____

Player Profiles \$ _____

Donation \$ _____

Misc. Expenses:

Describe _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Receipts, fliers, invoices, etc. must accompany this form for a check to be issued. Checks are issued once a week on Friday. Paperwork needs to be turned in or faxed, by Friday morning @ 991-5567

SPECIAL INSTRUCTIONS: