



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.**