

Check Request Form



Requestor Information

Team Number:

Team Name:

Requisitioner:

Phone Number:

E-Mail:

Send to: CGSC
 3100 Meridian Parke Dr.
 Suite N124
 Greenwood, IN 46142
 (Year Round)

Drop Off: Treasurer's Mailbox at CGSC
 (April 1 - October 31 only)

E-Mail*: soccerbart@comcast.net

**(Only if no receipts are to be turned in or receipts are submitted in an electronic format with the e-mail)*

- Receipts enclosed
- Travel Expense Summary Enclosed

Date	Date Needed	Reason	Payable to	Amount

Delivery Instructions

Mail to:

Street

City State Zip Code

Return to Requisitioner:

- Team Folder Arrange Pick-up

Comments

This form is required for every check request. Team number is required to process the request. Requests for teams will not be processed without the team number identified on the form. Checks are prepared on the 10th and 25th of each month only. Completed forms should be submitted to the treasurer prior to the date of the check run to assure enough time for processing. Receipts must be attached for all reimbursement requests. Please keep a copy of this form and any receipts for your records.

Internal Use Only

Amount Paid	Check No.	Date	Disbursed by