



**Lakeville Fastpitch Softball Association
Check Request Form**

Requestors Name: _____

Request Date: _____

Date Check Needed: _____

PLEASE ATTACH A COPY OF ANY INVOICES, PURCHASE ORDERS, RECEIPTS, OR OTHER DOCUMENTS THAT PROVIDE DETAILED SUPPORT FOR THE ITEMS PURCHASED OR SERVICES PROVIDED.

Check Information:

Purpose of Check: _____

Check Payable to: _____

Check Amount: _____

Mail Check to: _____

Address: _____

Expense Information:

Club: _____

Traveling _____

Classic: _____

In House: _____

LFSA Use

Date Received: _____

Date Paid: _____

Check #: _____

Mail Request to:

**LFSA
PO Box 32
Lakeville MN 55044**