



# FREESOM SOCCER CLUB

PO Box 945, Eldersburg, MD 21784

## DIRECT PAYMENT/REIMBURSEMENT REQUEST

FROM \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ Payment to payee for attached receipt.

\_\_\_\_\_ Payment for the following services.

CHECK # (office use only)	REFERENCE (please list what you are requesting payment/reimbursement for)	AMOUNT
<b>TOTAL</b>		<b>\$ -</b>

<b>PAYEE NAME: who the check is to made too</b>
<b>ADDRESS CHECK SHOULD BE SENT TO:</b>

\_\_\_\_\_  
Signature of Originator

\_\_\_\_\_  
Signature of FSC Operational Treasurer

**Check to be:**

\_\_\_\_\_ Mailed to the payee at the above address

\_\_\_\_\_ Picked up

\*\*any special notes/requests can be written on back