

**BATAVIA YOUTH BASEBALL
CHECK REQUEST FORM**

Amount requested	\$ _____	Date of request: _____
Source of funds:	Team account General travel expenses	Date of event: _____
Purpose of funds:	_____ _____ _____	
Name (please print)	_____	
Signature	_____	
Team age:	_____	Team color: _____
Head coach:	_____	
Head coach signature:	_____	

CHECK SHOULD BE MADE OUT TO (Please print legibly)	
Name:	_____
Address:	_____ _____ _____
Email address:	_____
Phone #:	_____
	MAIL PICK UP

Original receipts must be taped flat to 8.5x11" paper and submitted with a legible copy of this form.

_____ **For BYB Treasurer Use Only** _____

Approved by: _____

Check #: _____

Account: _____

Date Issued: _____

Date: _____

1099: **YES** **NO**