

Washington Schoolgirls Lacrosse Association Check Request

Date of Request: _____

Requested By: _____
(print name)

Expense type: _____

Authorized by: _____
Signature of ED or WSLA EC member

Make Check Payable To: _____

Amount of Check: _____

Instructions for check Delivery:
(Please check one)

Return check to requestor
Additional instructions, if necessary: _____

Mail Check to:

**Please attach original invoice/receipts to this form and mail to WSLA Bookkeeper:

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