

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:

Van Kantner
11047 - 38th Ave NE
Seattle WA 98125