

CHECK REQUEST / ACCOUNTING

Type of Payment/Report

- This is a REIMBURSEMENT
(Receipts MUST be attached)
- This is an ADVANCE
- This is an ACCOUNTING for an advance

Payee

Name _____

Social Security Number (required for honoraria)

Program Account

- Event management for the (name of event)

- Team stipend
- Championships reimbursement for the

- Membership expenses
- Uniforms Equipment
- Other _____

Delivery Method

Preferred delivery due date _____

Deliver this to me at (event, meeting) _____

Mail this to me at: Name _____

Address _____

City, State, Zip _____

Reimbursement / Accounting Summary

Transportation	\$_____	Office Supplies	\$_____
Food (actual)	\$_____	Other: _____	\$_____
Food (per diem)	\$_____	TOTAL SPENT	\$_____
Telephone	\$_____	LESS ADVANCE	\$_____
Printing and postage	\$_____	CHECK REQUEST/RETURN	\$_____

A check must accompany this report if there is money left over from a cash advance!

Send this sheet and the accompanying documentation required to:

Bill Roe • 1003 - 32nd Street • Bellingham, WA 98225-6913

For all athlete reimbursements and stipends, the appropriate manager(s) and coach(es) will be notified.

For Treasurer Use

Receipts o Complete Information Approval (if needed) _____

Check number _____ Date sent _____