

South Hill Soccer Club Check Request Form

Check Payable To: _____

Date: _____ **Amount: \$** _____

Check Requested By: _____

SHSC Team Identification#: _____

Administration	\$	_____
Affiliation	\$	_____
Equipment	\$	_____
Field Expenses	\$	_____
Licenses	\$	_____
Referees	\$	_____
Registrar	\$	_____
Team Photos	\$	_____
Training	\$	_____
Tournaments	\$	_____
Uniforms	\$	_____
Other	\$	_____

Accounting use only: PAID <u>Check # / Date</u>
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Detailed/Itemized Description of expenditure:

Please attach receipts