

Heat United Soccer Club Check Request

Revised 7/09

Your Name (HUSC Contact) _____ Phone _____

Date Submitted _____ Date Needed _____ Amount _____

Check Payable to _____

Vendor Address _____

CHECK ONE *Mail check to vendor* _____ *Return check to HUSC Contact* _____

Is this a Team or Club expense? **TEAM** _____ **CLUB** _____

Team(s) to be charged: _____

If multiple teams are involved, please note amount to be charged to each team.

Reason for Expense

Receipt(s) totaling the amount of request must be attached to this form

HUSC Contact signature: _____ Date _____

Approved by: _____ Date _____

Committee Chair, Head Coach or other HUSC Officer

For Treasurer's Use Only

Account charged _____ Check # _____ Dated _____ Logged _____