



Dix Hills Soccer Club

6 Maryland Street, Dix Hills NY 11746

www.dixhillssoccerclub.com

REQUEST FOR PAYMENT

Individual requesting payment: _____

Date of Request: ____/____/____

Dollar amount: \$ _____

Make check payable to: _____

Address: _____

Nature of expenditure: _____

A RECEIPT OR APPROPRIATE DOCUMENTATION MUST ACCOMPANY THIS FORM

Signature of requestor

Approved (Board Member signature)

Category of Expenses (circle one)

- Advertising
- Awards Weekend
- Computer Processing
- Donations
- Equipment/Supplies
- Father's Day Tournament: Journal/Supplies
- Advertising/Equipment/Other _____
- Field Maintenance/Supplies
- Fund Raising Expenses
- Gifts for Coaches
- Insurance
- Licenses/Permits
- Mailing/Postage/Printing
- Other -

- Patches
- Photos
- Professional Fees
- Referees
- Registration Fees/Travel
- Registration Refunds
- Soccer Camp/Training
- Taxes
- Telephone/Hotline
- Tournament Fees
- Training Reimbursement
- Trophies
- Uniforms

DATE PAID: ____/____/____

CHECK #: _____