



Everyone Plays – Balanced Teams – Open Registration – Positive Coaching – Good Sportsmanship – Player Development

EXTRA / SELECT – CHECK REIMBURSEMENT FORM

All reimbursement requests require this form to be completed, signed, approved and submitted to the Treasurer. Only Coaches may request a reimbursement.

1. Complete all the information on this form.
2. Obtain approval signature from the Director of Competitive Play.
3. Submit this form with receipts supporting your reimbursement request.
4. Check will be issued within 2 weeks of receipt of all supporting documentation by the Regional Treasurer.

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 Extra Select Boys Girls U-19 U-16 U-14 U-12 U-10 Team #: _____

NOTE: You must coordinate pick up of the check as soon as you are notified that it is ready.

Check Made Payable to: _____

Address: _____ City: _____

Phone: _____

Description	Amount \$
	\$
	\$
	\$
	\$
CHECK TOTAL =	\$

Requested by: _____
Coach Signature

Date: _____

Approved by: _____
Director of Competitive Play

Should you have any questions, or need assistance please contact the Regional Treasurer

REGIONAL TREASURER USE ONLY			
Date Request Rec'd:	Vendor:	Check #:	
Notes:		Invoice #:	Date Check Issued:

Treasurer: Attach a copy of the signed check to this form for record keeping.