

Unionville
Milliken



Cheque Number:

TEAM PAYMENT REQUISITION

REQUISITIONS DEADLINE FOR SUBMISSION IS TUESDAY 4:00 PM. IF SUBMITTED BY THE DEADLINE, THE CHEQUE CAN BE PICKED UP THE FOLLOWING TUESDAY AFTER 4:00 PM

Date: / /
Team:

Amount Requested: \$

Payable to:

Name:

Address:

Phone #:

Details:

<input type="checkbox"/> Tournaments	<input type="checkbox"/> Equipments	<input type="checkbox"/> Training/Camp	<input type="checkbox"/> Banquet	<input type="checkbox"/> Awards
<input type="checkbox"/> Referee Fee	<input type="checkbox"/> Team Party	<input type="checkbox"/> Other	<input type="checkbox"/> Dome/Gym	<input type="checkbox"/> Tournaments

Receipts attached/Letter detailing Match

Cheque Handling	
<input type="checkbox"/> Team File <input type="text"/> <input type="checkbox"/> Mail <input type="text"/>	<input type="checkbox"/> Picked Up by: Name: _____ _____ Signature

Team Official Name: _____

Team Official Name: _____

Team Official Signature: _____

Team Official Signature: _____

VP Finance

VP Rep