

MAKO SOCCER CLUB

Reimbursement / Check Request Procedure

The following information is a summary of the procedure for requesting reimbursement or a check request through Mako Soccer Club, Inc. There are no exceptions to this procedure. For more information on acceptable expenditures, check requests or board approval for expenses, please contact the Board of Directors at info@makosoccer.com.

This request will follow the steps below:

1. A Reimbursement/Check Request form must be completed and signed by the requesting party. Please attach all receipts and supporting documentation.
2. Please drop the completed form and attachments into the drop box located above the copy machine in the club house or you may mail it to the address provided at the bottom of the form.
3. Once received, the Mako Treasurer will review the request. If approved, the request will be signed and forwarded to our accountant for payment on the next available weekly check run. If the request is not approved you will be contacted by our Treasurer for information that is required to proceed.
Please allow 2 weeks for processing your request.
4. Our Accountant will enter the request and generate a check. This check will be returned to our Treasurer on the next available delivery to the club house from our accountant's office.
5. Upon receiving the check, our Treasurer will sign the check, follow any special instructions and/or mail the check directly to the requesting party.

This procedure is designed to expedite the process of check requests or reimbursements. Thank you for your cooperation

Regards,

The Mako Soccer, Inc.
Board of Directors

MAKO SOCCER CLUB

Reimbursement / Check Request Procedure

Please check one below:

☐ Reimbursement or ☐ Check Request

Date: _____ Team Name: _____

Board Member or Team Manager Name: _____

Please note: Check will be mailed to Requestor unless other instructions are given.

Mailing Address: _____

Phone#: _____ Amount \$ _____

If not a reimbursement:

Date check is needed: _____

Pay to the order of: _____

Reason: (e.g. tournament description, Description of Board approved expenditure, etc. **Please attach receipts for reimbursements and supporting documentation for check requests**)

Other Comments or Instructions: _____

Signature of Person Requesting: _____ Date: _____

Board Approval Signature: _____ Date _____

Please attach receipts/documentation, drop in "drop box" located inside the clubhouse above the copy machine or mail it to us at:

**Mako Soccer Club, Inc.
P.O. Box 880262
Port St. Lucie, FL 34988
Attn: Accounting Dept.**

Check will be mailed to Requestor unless other instructions are given.