Macedonia Community Club

Check Request

Name: _____

Street Address: _____

City: _____ **State:** _____ **Telephone: (** ____ **)** _____

Amount	Description
$ _____	_____
$ _____	_____
$ _____	_____
$ _____	_____
$ _____	_____
$ _____	_____
$ _____	_____
$ _____	_____
$ _____	_____

- **Attach Receipts**

- **Description should indicate the reason for expense:**

  - **Uniforms**
  - **Program Fees**
  - **Concession Stand Supplies**
  - **Field Maintenance**
  - **Fundraisers**
  - **Copies**
  - **Postage**
  - **Trophies**
  - **Equipment**
  - **Spirit Wear**
  - **Other (include explanation)**

- **The receipt should include the store name and date. Please mark out items that are not to be reimbursed.**

| $ _____ | **Total Amount to be Reimbursed** |

If no receipt, please provide explanation for expenses.

_____

_____

_____

Treasurer's Use Only
Approved by: _____
Check #_____
Date Issued: _____

Signature: _____

Date: _____