



## Churchland Soccer League Payment Request Form

Date: \_\_\_\_\_

Reason for Expenditure: \_\_\_\_\_

Method of Payment: (check one)

League Debit Card	_____
League Check	_____
Personal Check or Debit	_____
Cash	_____
Business Account	_____

Verification of Payment: (check one)

Receipt Attached	_____
Invoice	_____

Check Payable to: \_\_\_\_\_

Address: \_\_\_\_\_

Amount: \_\_\_\_\_

Requested By: \_\_\_\_\_

For Office Use Only

Check # \_\_\_\_\_

Date Paid \_\_\_\_\_