



PAYMENT REQUEST for REIMBURSEMENT or SERVICES PROVIDED

Requestor Name

Date

Account:

Amount:

54000 - AGE GROUP PROGRAMS

- 54010 - Pac Coast All Star Meet
54015 - Western Zone Meet
54200 - Zone All-Star Meet
54250 - Zone All-Star Meet - Host Zone

\$

54500 - CAMP PROGRAMS

- 54510 - SR Olympic Training Center
54550 - Diversity Camp

\$

55000 - DIVERSITY & DISABILITY PROGRAMS

- 55100 - Diversity Program Grants
55100 - Diversity Program Grants
55200 - Awareness Fund
55250 - Marketing
55400 - WZ Diversity Camp

\$

56000 - CHAIRMAN

- 56030 - Contingency
56075 - Travel Expenses

\$

58000 - OFFICIALS

- 58300 - Supplies/Copying
58400 - Rule Books
58500 - Equipment
58600 - Clinics
58700 - Motivational (Recruit/Retain)
58800 - National Evaluators
58900 - Officials to National Meets
58950 - Officials Lodging

\$

59000 - VOLUNTEERS

- 59050 - Athlete Committee
59300 - Coach/Manager Stipend
59400 - Seminars/Clinics
59450 - Safe Sport

\$

63000 - OFFICE EXPENSES

- 63300 - Postage
63400 - Supplies/Copying
63500 - Mileage

\$

OTHER

- Account # Account Name

\$

Please provide details of this expense below

CHECK TOTAL \$

Describe in detail the purpose of these expenses

Check Payable To: Email Address:

Address: Street Address City State Zip

Receipts Attached

Signature of Person Approving Payment Date

\*\* The RECIPIENT's Tax ID number and current mailing address must be provided on IRS Form W9 (see page 2) for all payments for goods, and/or services, including, but not limited to, stipends, honorariums, computer operations, and timing services, before payment will be issued.