



PAYMENT REQUEST for REIMBURSEMENT or SERVICES PROVIDED

Requestor Name _____

Date _____

Account:

Amount:

54000 – AGE GROUP PROGRAMS

\$ _____

- 54010 – Pac Coast All Star Meet
- 54200 – Zone All-Star Meet

- 54015 – Western Zone 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
- 55250 – Marketing

- 55200 – Awareness Fund
- 55400 – WZ Diversity Camp

56000 – CHAIRMAN

\$ _____

- 56030 – Contingency

- 56075 – Travel Expenses

58000 – OFFICIALS

\$ _____

- 58300 – Supplies/Copying
- 58500 – Equipment
- 58700 – Motivational (Recruit/Retain)
- 58900 – Officials to National Meets

- 58400 – Rule Books
- 58600 – Clinics
- 58800 – National Evaluators
- 58950 – Officials' Lodging

59000 – VOLUNTEERS

\$ _____

- 59050 – Athlete Committee
- 59400 – Seminars/Clinics

- 59300 – Coach/Manager Stipend
- 59450 – Safe Sport

63000 – OFFICE EXPENSES

\$ _____

- 63300 – Postage
- 63500 – Mileage

- 63400 – Supplies/Copying

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.**