

LAKWOOD POP WARNER- FUNDS REQUEST SLIP

funds will be made available for league related items only

Date: _____ DIVISION: _____

TEAM: _____ COACH: _____

REQUESTS:

1. Amount: _____ Check made payable to: _____

Description: _____

Mail to Vendor or Return to Business Mgr.
(circle one)

2. Amount: _____ Check made payable to: _____

Description: _____

Mail to Vendor or Return to Business Mgr.
(circle one)

3. Amount: _____ Check made payable to: _____

Description: _____

Mail to Vendor or Return to Business Mgr.
(circle one)

Total Amount Requested: \$ _____

Complete and sign this form, attach all receipts/invoices/contracts and submit to League treasurer.

Print Name

Signature

I declare the above information is true and accurately reports related expenses incurred for the benefit of Lakewood Pop Warner Football & Cheer.

Funds will be mailed within 7 days of receiving this form

For Treasurer Use Only

Reimbursement Date: _____ Account: _____

Board Member Approval: _____