

Check/Payment Request Form



SOUTHAMPTON SOCCER ASSOCIATION

Requestor (Individual requesting a check or payment):

*Date: _____

*Name: _____

*Email address: _____

Payee (Individual or vendor check will be paid/issued to):

*Made Payable To: _____

*Address: _____

*City: _____ State: _____ Zip Code: _____

*Amount: _____

*Description: _____

*For (reason): _____

***Important:** Please allow 5-7 days for approval of a check request. The Requestor is responsible for completing all of the necessary information in the required (*) fields as noted.*

*The **approver** is responsible for obtaining additional signatures before check submission.*

Official Board Use Only

Prepared by: _____

Approved by: _____

Request Completed by: _____

Signature: _____

(Print name): _____

Receipt/Invoice included: _____

(over \$500 a second signature is required)

Check number: _____

Signature: _____