

CGAA REQUEST FOR PAYMENT

Request Type

Check Card ACH Other

Division

Baseball Basketball Football Hockey Main Board
 Soccer Softball Volleyball

Request Date

Payment Purpose	
------------------------	--

Scheduled Payment Date

Payee Name

Payee Mailing Address

Payee City, State, Zip

Comments to be printed on check

If Payment is being made directly to an individual, have you received their W9? Yes No
 (Ump, referee, coach, est.)

Invoice #	G/L Account Number	G/L Description	Notes	Amt
If more lines needed, use additional form(s)				Total
				-

ATTACH ALL BACK-UP DOCUMENTATION AND/OR BOARD APPROVAL

	Requestor's Information
Print Name	
Full signature (required)	
Title	
Phone No	

	Approver's Information (Bookkeeper)
Print Name	
Full signature (required)	
Title	
Phone No	
Approval Date	

TWO DIFFERENT SIGNATURES ARE REQUIRED REGARDLESS OF AMOUNT

BOOKKEEPER USE ONLY			
Check/Reference Number		Date Payment Issued	
			Check Signer's Initials