



KLSC Cheque Request/Reimbursement Form

Date Requested: _____

Team Name: _____

Reason For Cheque: _____

Breakdown of Expenses:

Date:	Description (Coaching Courses, Manager Fees, Tournaments, etc)	Cost
Total Cost Claimed:		

Payee: _____

Coach/Managers Signature: _____

Authorized by: _____ Print Name: _____

League/Club Department to remove funds from: _____