

# PAL Check Request

Date: \_\_\_\_\_

Commissioner Requesting Check: \_\_\_\_\_

Sport to be charged: \_\_\_\_\_

You must specify **Travel or Recreational Sport** if Team accounts please specify the name of the team as shown on the financial report.

Invoices from your vendors must be attached or if payable to you please provide your receipts for the expense you are requesting a check for.

Make Check(s) Payable to:	Dollar Amount Requested	Budget Line Item	Provide Vendor's Address if mailed or specify that Donna will deliver to you.	Invoice or Receipts Attached (Y/N)

Signature of Commissioner Requesting Checks: \_\_\_\_\_