

Mission Viejo Youth Football
Mission Viejo Cowboys
Check Request / Authorization for Payment Reimbursement

Date Requested: _____ Date: Needed: _____

Name/Title: _____

Activity/Committee/Team: _____

Make Check Payable to: _____

Pick Up Mail Check

Address to mail check: _____

Payment is requested for the following expenses: (ORIGINAL receipts attached)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Total Requested \$ _____

This request has been reviewed and approved for payment: This has been reviewed and verified for the record by the below listed individuals:

Approved by: _____ Date: _____

Chapter Financial Officer

Approved by: _____ Date: _____

Chapter President

Approved by: _____ Date: _____

Chapter Secretary

Requesting MVYF Funds:

1. Request must be for funds already budgeted and expense authorization is approved by the Chapter Financial Officer and/or Executive Board
2. MVYF has the right to refuse payment of any expense not approved by the Chapter Financial officer and/or Executive Board.
3. Requestor will prepare the Check Request/Authorization form and place it in the Chapter Financial Officers drop-off box, mail to residence or hand directly to the officers themselves.
4. Chapter Financial Officer will acquire the appropriate signatures and approval.
5. Chapter Financial Officer will prepare check and process as directed.