



HAMILTION SPARTA SOCCER CLUB Team Accounts Cheque Request Form			
Date Requested:		Team:	
Cheque Amount:		Date Needed by:	
Cheque Payable to: (Please Print)			
<u>Description of Expense:</u> e.g Item purchased, Tournament fee Equipment etc Cheque picked up/mailed to:			
Requested by: (Print Name)		Contact Number: _____	
Signature:			
Cheque #	Cheque Date:	Receipts Attached:	<input type="checkbox"/>
Treasurer Signature:			

Instructions:

1. The form must be completed and signed by a team official.
2. Receipts must accompany the form. If the receipts are not available at that time then a notation in the description box indicating "receipts to follow".
3. The Treasurer will produce the cheque(s) and contact the requestor for return. Please indicate in the description box along with the address.
4. The form may be completed and e-mailed to the treasurer for expedience, with the intention that the receipts will follow when available.
5. The "Request #" box at the time right is for tracking purposes only by the Treasurer.

FOR ASSISTANCE PLEASE CONTACT SANDRA VALVASORI
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