****BERKELEY SOCCER ASSOCIATION**

Check Request Form

*\*\*\*Please allow 10-14 days to process Check Request\*\*\**

|  |  |
| --- | --- |
| Person Requesting Check | Date Submitted |
| Your Email  | Your Phone # |
|  |
| Check Amount |  |
| Check Payable To |  |
| Date Check Needed For |  |
| Description/Name of Event/Committee/Program and Purpose of Check |
| Receipt/Invoice/Statement must be submitted. Is it attached? Yes If no, please explain: |
|  |
| Check to be mailed? Yes No |
|  If yes, Address: |
| *For Treasurer’s Use Only* |
|  |  |
| APPROVED BY PRESIDENT | DATE |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Check | Check # | In QuickBooks? | Amount |

**SUBMIT TO: Lisa DiCillo, Berkeley Soccer Association Treasurer**

Questions??? Call 732-803-5834 or email Treasurer@BerkeleySoccer.com