

# CGAA REQUEST FOR PAYMENT

**Request Type**

Check       Card       ACH       Other

**Division**

Baseball       Basketball       Football       Hockey       Main Board   
 Soccer       Softball       Volleyball

**Request Date**

<b>Payment Purpose</b>	
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**Scheduled Payment Date**

<b>Payee Name</b>	
<b>Payee Mailing Address</b>	
<b>Payee City, State, Zip</b>	
<b>Comments to be printed on check</b>	

If Payment is being made directly to an individual, have you received their W9?      Yes       No   
 (Ump, referee, coach, est.)

Invoice #	G/L Account Number	G/L Description	Notes	Amt
If mores lines needed, use additional form(s)				<b>Total</b>
				-

**ATTACH ALL BACK-UP DOCUMENTATION AND/OR BOARD APPROVAL**

	Requestor's Information
<b>Print Name</b>	
<b>Full signature (required)</b>	
<b>Title</b>	
<b>Phone No</b>	

	Approver's Information (Bookkeeper)
<b>Print Name</b>	
<b>Full signature (required)</b>	
<b>Title</b>	
<b>Phone No</b>	
<b>Approval Date</b>	

TWO DIFFERENT SIGNATURES ARE REQUIRED REGARDLESS OF AMOUNT

BOOKKEEPER USE ONLY			
<b>Check/Reference Number</b>		<b>Date Payment Issued</b>	
			<b>Check Signer's Initials</b>