



**Request for Payment/Reimbursement Form**

This form should be used for any requests to the Treasurer for payments to third parties or for reimbursement for items purchased individually on behalf of the Phantoms Youth.

**Name of Person making request:** \_\_\_\_\_

**Team or other Function:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Please include the name of fundraiser or event:** \_\_\_\_\_

**To whom should the check be made payable to?** \_\_\_\_\_

**Amount of Check:** \_\_\_\_\_

**\*Receipts equaling the amount of the check must be attached to this paperwork.**

**Brief explanation of payment:**

**Address to Mail the Check to:**

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Please mail this form along with receipts to:

**Lehigh Valley Phantoms Youth  
PO Box 1174  
Bethlehem, PA 18016**

Alternatively, this information can be e-mailed to: [JLBishop.phantoms@comcast.net](mailto:JLBishop.phantoms@comcast.net)