

PRIOR LAKE SOCCER CLUB

CHECK REQUEST / EXPENSE REIMBURSEMENT REQUEST



Date	
Payee	
Address	
City, State, Zip	
Contact phone	

Please check the requested expense(s) from the EXPENSE DESCRIPTION below, and include the TOTAL. ATTACH RECEIPTS or email receipts to Admin@priorlakesoccer.org

EXPENSE DESCRIPTION	AMOUNT
<input type="checkbox"/> Fall \$250 Tournament Reimbursement	\$
<input type="checkbox"/> Spring U9-U10 \$500 Tournament Reimbursement	\$
<input type="checkbox"/> Spring U11-U19 \$800 Tournament Reimbursement	\$
TOTAL	\$

Requestor / Payee Signature	
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By my signature above, I certify that the attached reports represent expenses incurred on behalf of the Prior Lake Soccer Club, a not-for-profit entity.

Please email the completed form to Melissa at Admin@priorlakesoccer.org or mail to P.O. Box 161, Prior Lake, MN 55372