



Prior Lake Soccer Club
PO Box 161
Prior Lake, MN 55372

When Completed Mail to:
Kelly DiGrado –Treasurer
P.O. Box 161
Prior Lake, MN 55372

CHECK REQUEST / EXPENSE REIMBURSEMENT REQUEST

Date: _____

Payee: _____

Address: _____

City, State, Zip _____

Contact Phone: _(_____)_____

Please specify a program category, if applicable specify team:

Traveling Summer:_____ Traveling Fall:_____ In-house Summer:_____

In-house Fall: _____ Club Admin: _____ Team Coach/Age:_____

CATEGORY	EXPENSE DESCRIPTION	AMOUNT
Supplies		
Expenses		
Player		
Development		
Equipment		
Expense		
Postage		
Expense		
Coach		
Development		
Tournament		
Fees		
Supplier		
Expenses		
Other		

Total: \$ _____

Requestor / Payee Signature: _____

By my signature above I certify that the attached receipts represent expenses incurred on behalf of the Prior Lake Soccer Club a not-for profit entity.

Approvals: Pres _____ VP _____ Secy _____ Treas _____