

St. Cloud Youth Hockey Association

Check Request and Payment Approval Form

Request Date: _____

Requester Name: _____

Date Check Needed: _____

PAY TO THE ORDER OF: _____

Amount of Check: _____

Purpose of Check: _____

Approved By: _____

Date Received by Treasurer: _____

Treasurer's Initials: _____

**INVOICE / RECEIPT / OR OTHER DOCUMENTATION
MUST BE ATTACHED TO THIS REQUEST:**