

TEXAS LIGHTNING CHECK REQUEST

Team: _____

Date: ____ / ____ / ____

Pay To: _____

Amount: _____

Address: _____

Charge To:

Registration/Referee fees/League fees: _____

Tournaments: _____

Team Equipment: _____

Postage/Copies/Supplies: _____

Resume Book: _____

Field Rental: _____

Coach's Travel Expense: _____

Other _____:

YOU MUST ATTACH COPIES OF ALL RECEIPTS IN ORDER TO BE REIMBURSED.

Delivery Instructions: _____ Mail to above address

_____ Bring to next meeting

_____ Mail to this address:

Signature: _____

Send this request to: Kathy Brown
342 Rolling Oaks Ridge
Cedar Hill, TX 75104

If you are requesting a reimbursement, please mail the request along with the receipt.

Or email to: klbrown777@aol.com

****Checks are processed on the 5th and 20thth of each month. Check requests need to be in five days prior to processing date.**