

Stevens Point Area Youth Hockey Association Cash Disbursement Request

Person submitting: _____

Address: _____

Date submitted: _____

Make check payable to: _____

Reason for expenditure: _____

PLEASE ATTACH RECIEPTS (initialed and dated by responsible party)

Pre-Approved by Committee Chair _____
(if applicable) Signature Date

Approved by Exec Board Member _____
Signature Date

**THIS REQUEST MUST BE USED FOR EACH CASH DISBURSEMENT MADE.
THE ONLY EXCEPTIONS WILL BE FOR CONCESSION STANDS
INVENTORY AND FOR MINOR ONGOING FACILITIES PURCHASES, WHICH
MUST STILL BE APPROVED BY THE RESPONSIBLE PARTY.**

PLEASE RETURN TO THE RINK OFFICE.

(Treasurer use only)	
Is Invoice approved _____	Date Paid _____
Charge to Acct # _____	Check # Paid _____
Posted to account on _____	