



Tri-County Youth Hockey

of Orleans, Monroe & Genesee counties
P.O. Box 156, Brockport, New York, 14420

Payment Request Form

Use a separate form for each payee.
Invoices and/or other supporting documentation must be attached.

Make check payable to: _____

Date	Use of Funds	Amount Requested:
	Total	\$

If check is to be mailed, where should it be sent?

Address _____

City _____ Zip _____

Signature _____ Date _____

Team Name _____

(For the treasurer's use only)

Date	Check #	Team	Date Mailed	Amount
				\$

Received By: _____

On: _____