REQUEST FOR EXPENDITURE OF SCC FUNDS

_____
DATE

SPORT CLUB: _____

CONTACT NAME AND EMAIL: _____

EVENT OR PURCHASE: _____

Quantity	Description	Unit Price	Amount
		Total Cost:	$
		Shipping:	$
		Tax (if any):	$
		TOTAL:	$

PAYABLE TO (COMPANY OR PERSON):

_____

WEBSITE: _____

ADDRESS: _____

PHONE: _____ CONTACT: _____

CHECK OR P-CARD: _____ FED TAX ID# / SSN: _____
(ONLY IF REQUESTING A CHECK)

AUTHORIZED SIGNATURE	PRINT NAME

FOR OFFICE USE ONLY

ACCOUNT BALANCE:	$	ENDING BALANCE:	$
DATE PROCESSED:		SCC SIGNATURE:	