*****PLEASE ALLOW 7 BUSINESS DAYS FOR PROCESSING*****

Arlington Soccer Association

CHECK REQUEST

Please Remit your Request to: ASA, 5210 Wilson Blvd., Arlington, VA 22205 - Call 703-527-0157 with any questions

☐ RECREATIONAL	☐ TRAVEL	☐ GENERAL & ADMINISTRATIVE	DATE SUBMITTED

TEAM / CLUB NAME	TEAM NUMBER	SUBMITTED BY (Name, Email, Phone)

PAYMENT INSTRUCTIONS	PAY FROM
☐ Registration Attached ☐ Invoice Attached	☐ Program Funds ☐ Legacy Funds
☐ Petty Cash* ☐ Online	☐ Operating Funds (Admin Use Only)
☐ Other _____	☐ Attached Deposit Slip w/ Payments
	☐ Funds Deposited: ____/_____/_____

*Petty Cash will require approval from Executive Director or other authorized representative.

MAKE CHECK PAYABLE TO	Special Instructions
REMITTANCE ADDRESS	

DESCRIPTION OF EXPENSE(S)	COST per player (if applicable)	#of Players (if applicable)	TOTAL COST	Acctg. Use Only Expense Code

Remit your Check Request to:

TOTAL AMOUNT REQUESTED

DATE CHECK NEEDED

Signature (Required) **Title** **Date**

Checks will be remitted to Vendors directly, so please attach an Invoice or your Event Registration form . Thank You.

Acctg. Use

Date Received	Date Paid	Check Number

Expense Breakdown

Expense Code	Amount	
	Total Amount	