



Cloverdale Minor Softball Association

PO Box 34194, 17790 #10 Highway
 Surrey, BC V3S 8C4
 Phone: 604 574-5448 Fax: 604 576-0974

CHEQUE REQUEST

Date Required:		Payable To:	
Division:		Address:	
Team Name:			
Coach's Name:		City, Province:	
Coach's Phone:		Postal Code:	
Assist. Name:			

Instructions:	
<p style="text-align: center;"><u>Reimbursements</u></p> <ol style="list-style-type: none"> 1. Initial each receipt/invoice. 2. Circle each item on receipt/invoice for which CMSA is responsible where other items are included for which CMSA is not responsible. Otherwise circle the total. 3. Attach all receipts/invoices. 4. List each receipt/invoice separately below. 5. Total all receipts. 6. Sign and date this request. 	<p style="text-align: center;"><u>Cheque Issue</u></p> <ol style="list-style-type: none"> 1. Describe the reason for this cheque to be issued. 2. Enter Amount Requested: _____ 3. Sign and date this request.

Receipt Details				Office Use
Date	Paid To	Purpose	Amount	
Total of all Receipts/Invoices				

I request that Cloverdale Minor Softball Association issue a cheque for the amount shown above and certify that all information contained in this form is a true and accurate statement of monies owed by the association.

Signature:	Date:
Print Name:	
<i>Please Check One</i>	
<input type="checkbox"/>	Mail Cheque to address above.
<input type="checkbox"/>	Hold for pick up at the concession.
<input type="checkbox"/>	Phone when ready for pick up.
<input type="checkbox"/>	Other:

Office Use			
Team Status: (all below must be received)		Accounting	
Security Check returned for Coach		Cheque Dated:	
Security Check returned for Assistant Coach		Cheque Number:	
Team Mom / Assist Coach Volunteer Form		CMSA Tournament:	
CASA Form completed with Softball BC Numbers		Posted Date:	