



Check Request Form

Name/Phone # _____

Date Submitted _____

KGL Purpose _____

Season Fall / Spring

Date of Expense	Team	Description of Expense	Account: (ex:Field, Supplies, Party, Uniforms)	Amount to reimburse
1				\$
2				\$
3				\$
4				\$
5				\$
6				\$
7				\$
8				\$
9				\$
10				\$
			Total	\$

Submitted By: _____

Notes: _____

Submitted To: _____

Date Reimbursed: _____

Check Number: _____