

Income / Expense Requisition Form Pittsford Community Lacrosse Inc.

Date: _____

*Submit to PCLA Treasurer:
Amy Moran
25 E. Park Rd.
Pittsford, NY 14534*

Amount of Deposit: _____

or

Amount of Withdrawal: _____ *(Receipt attached)*

Explanation of funds deposited/withdrawn: _____

Memo to reference for spreadsheet: _____

Total number of items/players: _____

Amount per Division: (break down per division)

Boy's Var.	
Boy's JV	
Boy's Mod	
Boy's 5th/6th	
Boy's 3rd/4th	
Boy's 1st/2nd	
Girl's Var.	
Girl's JV	
Girl's Mod	
Girl's 5th/6th	
Girl's 3rd/4th	
Girl's 1st/2nd	
Sum Total	

Division Coordinator: _____

Request Submitted by: _____

Phone Number: _____

Email Address: _____

Check Payable to:

Mailed to Address:

If you are requesting a check, please fill out payment stub below.

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From: Pittsford Community Lacrosse Inc.
PO Box 4
Pittsford, NY 14534

Date: _____

Submitted by

Name/Phone number: _____

Mailed To: _____

Invoice Number: _____

Attn: _____

Check Payable to: _____

Street: _____

City/Zip: _____