

RASA GIRLS SOFTBALL LEAGUE CHECK REQUEST VOUCHER

Attach receipts to this form

PAYEE: _____
ADDRESS: _____
CITY/STATE/ZIP: _____



DATE OF PURCHASE	VENDOR	AMOUNT	DESCRIPTION/COMMENTS (include expense category, i.e.:equipment, fields, snack bar,...)
	TOTAL	\$	

Check Request Policy:

Please save all receipts. Verbal check requests are not accepted. Fill out check request voucher, attach receipts and give to RASA Treasurer. All check vouchers must be approved by the RASA Treasurer. Check requests will be processed weekly, unless special circumstances require immediate reimbursement. All requests must be submitted NO LATER THAN 30 DAYS FOLLOWING THE EVENT OR PURCHASE. Expenses over \$500 shall require signatures of 2 board members with check signing authority.

RASA Board use only below

*** Any expense over \$500 requires at least 2 signatures**

RASA Treasurer's approval: _____ Date: _____

RASA Second Signature Authority's approval: _____ Date: _____

Check Number: _____

Date of Check: _____

Budget Category: _____

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CHECK REQUEST VOUCHER**
