

# Apple Valley Quarterback Club

## Request for Check / Payment



**\* Person Making Request Should Fill Out All Information in This Section**

**Person Making Request:** \_\_\_\_\_

**Date of Request:** \_\_\_\_\_

**Payee:** \_\_\_\_\_

**Amount of Request:** \_\_\_\_\_

**Reason for Request:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\* Receipt must also be attached**

**Give or Mail Check to:**

**Name:** \_\_\_\_\_

**Address Line 1** \_\_\_\_\_

**Address Line 2** \_\_\_\_\_

**City / State / Zip:** \_\_\_\_\_

**\* This Section to be Completed by AVQC Treasurer**

**Expense Type:**

	After Game Party
	Bank Charges
	Camps/Transport
	Clothing Costs
	Coaches Clinic
	Concessions
	Eagle Card Costs
	Film / Camera
	Football Equip
	Golf Tournament
	Highlight Film
	HUDL
	Locker Rm Dec

	Meat Feed
	Miscellaneous
	Pictures
	Player Clinics
	Banquet
	Postage
	Program Cost
	Senior Book
	Special Events
	Staff Development
	Team Poster
	Walk of Fame Brick
	Website

**Check No:** \_\_\_\_\_

**Date Paid:** \_\_\_\_\_

**\* Approval (Must be President, Vice President or Treasurer)**

**Name** \_\_\_\_\_

**Signature:** \_\_\_\_\_