

**CASTLEFORD ROVERS SOCCER CLUB
REQUEST FOR PAYMENT**

NAME: _____

TEAM/COACH NAME: _____

EXPLANATION OF EXPENSE: _____

DATE OF EXPENSE: _____

SUBMITTED DATE: _____

SUBMITTED TO: RYAN CARRIER, CASTLEFORD TREASURER

castlefordtreasurer@gmail.com

REIMBURSEMENT AMOUNT REQUESTED: _____

CHECK PAYABLE TO: _____

ADDRESS: _____

PHONE: _____

SUBMITTED BY: _____

APPROVED BY: _____

**PLEASE SCAN/ATTACH PAID RECEIPT TO THIS FORM AND EMAIL TO TREASURER.
TRAINING REIMBURSEMENTS PAID ONCE SESSION IS COMPLETED AND PASSING
GRADE**

CHECK # _____

APPROVED BY _____

ISSUED ON: _____