



Date	Date Requested

# CHECK REQUEST

**MAKE CHECK PAYABLE TO:**

**NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Approved By:** \_\_\_\_\_  
**Requested By:** \_\_\_\_\_

<input type="checkbox"/> Send Check to Payee <input type="checkbox"/> Return Check to Requestor		Type of Expenditure	Charge to Dept.:	Job No.:
DATE	DESCRIPTION	ACCT. NO. <i>(Office use only)</i>	UNIT PRICE	AMOUNT
	2008 Southern Junior Cup			
	TOTAL EXPENSES _____			
			513 miles	
	BOYS      OR      GIRLS			
	DIVISION _____		MAX \$300	300.00
Player's Name:				
	Mileage @ .585			
Check No	Check Drawn On:	Date Issued:	<b>CHECK AMOUNT</b>	<b>\$300.00</b>

**DIRECTIONS:**

1. *Print name and address of person requesting reimbursement.  
 (will not be processed if all information is not provided)*

**RECIPTS MUST BE SUBMITTED WITH THIS REQEUST.**

**RETURN TO:**

USTA-Louisiana  
 ATTN: Laura H Beauregard  
 9270 Siegen Lane, Suite 702  
 Baton Rouge, LA 70810