



PALM BEACH GARDENS YOUTH ATHLETIC ASSOCIATION, INC.

P.O. Box 31913 • Palm Beach Gardens, FL 33420

A Non-Profit Organization

EXPENSE REPORT / CHECK REQUEST

DATE: _____ SPORT: _____ PROGRAM: _____
Rec, Travel, All-Stars, Tournament, Concession

BANK ACCOUNT for check: _____ TEAM: _____
Operating, Travel, Concession *Specify for All-Stars & Travel or Tournament*

IRS FORM W-9 ON FILE? YES NO Not applicable - reim
(Payment can not be made until form is on file)

AMOUNT: _____

PAYABLE TO: _____

ADDRESS: _____

PHONE: _____

DELIVER CHECK TO *(ONLY if different from above Payee):*

NAME: _____

ADDRESS: _____

PURPOSE *(include invoice numbers, dates and details of items purchased):*

For reimbursements, include name of vendor/store that reimbursable person originally paid

REQUESTED BY: _____

APPROVED BY: _____