



NHS BFAA
Check Request Form
(updated June 6, 2018)

Date: _____

Amount: \$ _____

NOTE: this form is to be used for reimbursements, invoice payments, and other types of purchases through the individual sport/club accounts. Cash advances are not allowed for any reason. Please fill out this form completely and clearly with pertinent information. BFAA mails most checks.

Sport/Group/Budget Line Item: _____

Person Making Request*: _____
**Must be coach or liaison or BFAA club manager or preapproved designee.*

Email Address: _____

Phone: (____) _____ - _____ (for use in case of questions)

Payable to (if different than above): _____

Send check to - Name of company or person: _____

Address: _____

City, State, ZIP _____

Description of Expense: _____

Please attach all receipts or invoices

(Payment will NOT be made without these)

Submit to treasurer@nhsbfaa.org or place in the NHSBFAA black mailbox in the main NHS mail room.

Questions or for a quicker response, email to: treasurer@nhsbfaa.org

For NHS BFAA Use Only:

Date Paid: _____

Check #: _____

Date Received by BFAA treasurer: _____

Approved by: _____

Additional Approval (if required): _____