**Date:** Click here to enter text. **Amount: $**Click here to enter text.

***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:Click here to enter text.

Person Making Request\*: Click here to enter text.

*\*Must be coach or liaison or BFAA club manager or preapproved designee.*

Email Address: Click here to enter text.

Phone: (\_\_\_\_\_) \_\_\_ - \_\_\_\_\_\_ (for use in case of questions)

Payable to (if different than above): Click here to enter text.

Send check to - Name of company or person:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Expense: Click here to enter text.

**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:Click here to enter text. Check #: Click here to enter text.

Date Received by BFAA treasurer: Click here to enter text.

Approved by: Click here to enter text.

Additional Approval (if required): Click here to enter text.