



# Select Program Fund Disbursement Request

Date \_\_\_\_\_

Team # \_\_\_\_\_

Head Coach \_\_\_\_\_ Phone # \_\_\_\_\_

Financial Manager \_\_\_\_\_ Phone # \_\_\_\_\_

funds requested for	Amount	Payable to	Paid-ck#/visa
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

Payment distribution:

Club Representative disbursing payment \_\_\_\_\_

Team Representative receiving payment \_\_\_\_\_