# *Los Alamos Youth Soccer League*

*P.O. Box 649 ● Los Alamos, NM 87544*

*http://www.laysl.org/*
*e-mail: laysl@laysl.org*

## LAYSL Check Request

Amount: $ ______________________________ Date: ____________________

Deadline date: ____________________

Payable to: __________________________________________________

__________________________________________________

__________________________________________________

SSAN (if payment is for services): ______________________________________________

Purpose: __________________________________________________________________

______________________________________________________________________________

Is this a cash advance? Yes ________ No ________

Is this expense budgeted? Yes ________ No ________

If no, provide rationale for expense: ______________________________________________

______________________________________________________________________________

Cost center: ____________________________________________

***Signatures***

Requestor: ____________________________________________

Authorized by: ____________________________________________

Position: ____________________________________________

***(attach invoice or receipt)***

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*For use by Finance Panel*

Charge to: __________________________________________________________________

Date paid: ______________ Check number: ____________ Date reconciled: ____________

Check written by: __________________________________________________________

Invoice/receipt attached: Yes ________ No ________ Date rec'd: ______________

Expense report: Date issued ____________ Date rec'd ____________ N/A ________