

Check Request Form Potomac Soccer Association

- Please print clearly and complete all applicable items. Invoices and receipts must be attached.
- **Incomplete requests or requests not approved by the Director of Coaching will NOT be processed.**
- A W-9 must be on file for applicable vendors for processing
- Purchases over \$500 require the approval of both the PSA President & Treasurer. PSA reserves the right to withhold payment if prior approval of Director of Coaching or Board Officer is not provided.

Name of Person Requesting: _____ Club Position: _____

Date of Request: _____ Invoice/Receipts Attached: Yes No

Contact email: _____ Best Phone Contact: _____

Team Name(s) (if applicable): _____ Boys Girls Age Group(s): U _____

Vendor information – is there a W-9 on file for this vendor (circle one): Yes No

Vendor Name or check payable to: _____

Remit to address (if not on invoice) _____

Phone Number: _____ Email: _____

Reason for purchase(s) (be specific): _____

INVOICE / RECEIPT #	PURCHASE/EXPENSE DESCRIPTION	BUDGET LINE		TOTAL
		Department/Class - Circle One	Expense Category from list	
		PSA/Admin Acad USClub		\$
		PSA/Admin Acad USClub		\$
		PSA/Admin Acad USClub		\$
		PSA/Admin Acad USClub		\$
CHECK REQUEST GRAND TOTAL				\$

If Budget Class/Category is NOT listed, you must state purpose: _____

EXPENSE CATEGORIES			
PSA (Youth/Development), Administrative & Tournaments		Academy (U16 & U18) AND US Club (U14 & U15)	
- Association Dues /Team Fees	- Office Supplies & Expense	- Association Dues /Team Fees	- Postage
- Branding/Marketing	- Postage	- Compensation - Coaches	- Referee Fees
- Camp	- Professional Development	- Compensation - Trainers	- Special Events
- Compensation - Coaches	- Referee Fees	- Equipment	- Training Kits
- Compensation - Trainers	- Scholarship Processing	- Field Expense	- Travel Tournament Expense
- Equipment	- Special Events	- Fundraising/Development	- Festival Expense
- Field Expense	- Tournament Subsidy	- Meeting Expense	- Uniforms
- Fundraising/Development	- Tournament Expense(MDT/PDT)	- Office Supplies & Expense	
- Meeting Expense	- Uniforms		

Payment Instructions: Mail check to Vendor Mail check to requester To be picked up by: _____

Date payment is needed (10 business days is needed for processing): _____

DOC/Club Administrator: Notes: _____ Approval _____ Date: _____

PSA Office Use Only:

Treasurer Signature: _____ Date: _____ President Signature: _____ Date: _____

**Submit Form, Invoices and Receipts to: Ruth Burka, 2113 Rose Theatre Circle, Olney, MD 20832
Ruth.potomacsoccer@gmail.com**