



WINDSOR MINOR HOCKEY ASSOCIATION

Request for Funds

DATE SUBMITTED: _____

DATE CHEQUE REQUIRED: _____

REQUESTED BY: _____ Phone #: _____
(PLEASE PRINT)

MAKE CHEQUE PAYABLE TO: ABOVE PERSON – YES _____ NO _____

IF NO – NAME: _____

ADDRESS: _____

AMOUNT OF CHEQUE: \$ _____

REASON FOR EXPENSE: _____

CHARGE TO BUDGET LINE ITEM: _____

RECEIPT(S) ATTACHED – YES _____ NO _____ SIGNED: _____

APPROVED DATE: _____ CHEQUE DATE: _____ AMOUNT PAID: _____

APPROVED BY: _____ CHEQUE NO: _____ ACCOUNT CHARGED: _____