



# FAIRVIEW PARK ATHLETIC CLUB CHECK REQUISITION FORM

- Attach all original documentation pertaining to this request as well as documentation to include with check; adequate back-up is needed to issue a check.
- If team delegate is the payee, the team designee should be the requisitioner.
- When multiple receipts are submitted, either list or attach a tally of each expense, showing the total equal to amount requested. If the tally is not included, the requisition will be returned as incomplete.
- Completed form and documentation can be submitted either to the FPAC mail box in the FHS office or directly to the treasurer. Reimbursement will be processed within 10 days of receipt of request.
- If there are not sufficient funds in the team account, requisitioner will be notified and reimbursement will be on hold until account balance is sufficient to cover the request.

**Request Date** \_\_\_\_\_ **Amount Requested** \_\_\_\_\_ **Budget Line Item** \_\_\_\_\_

**Full Team Name** \_\_\_\_\_  
(if applicable, include high school or middle school, boys or girls)

**Detail of service or items that reimbursement covers** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List and total expenses here or attach tally

**Check Payable to** \_\_\_\_\_

**Preferred Delivery Method**

- Pick up from FPAC Mailbox at FHS
- Pick up from FPAC Treasurer
- Mail to \_\_\_\_\_

**This claim has been examined by me and to the best of my knowledge and belief, this reimbursement request is correct.**

Team Delegate/Designee submitting \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**For Treasurer Use Only**

Account Debited \_\_\_\_\_ Budget Line Item \_\_\_\_\_ Ledger Input Date \_\_\_\_\_

Sufficient Funds? Yes No If No, delegate contacted how/when \_\_\_\_\_

Treasurer/Asst Treasurer Approval Signature \_\_\_\_\_

Check Date \_\_\_\_\_ Check Number \_\_\_\_\_ Reimbursement Date \_\_\_\_\_