

Holy Trinity CYO Check Request Form

Payee:

Amount of Check:

Sport/Activity:

Expense Description:

Date:

Expense Category:

Amount of Expense

Awards/Banquets

Coaches Registration/Clinics

Equipment

Field/Gym Maintenance

Food & Beverages

Game Fees

League Fees

License and Permits

Participation Fees

Practice Facility Rental Fees

Printing Costs

Referee/Umpire Fees

Scorers/Worker Fees

Security Costs

Supplies

Tournament Fees

Uniforms/T-Shirts

Other

Preparer Signature:

For CYO Use Only:

CYO Check # Issued:

If Reimbursed w/ Cash insert "X":