

## KABC Check Request

**All receipts must be accompanied by this form, filled out and signed by Athletic Director before you will receive payment.** Place completed form in the KABC mailbox located in the Athletic Office. If you have any questions, please call Chris Saul at 697-8617 or cell # 309-1270, second choice is to email: bsaul\_cincy@yahoo.com.

<b>Date:</b>	<b>Amount of Check: \$</b>
<b>Person submitting request:</b>	<b>Phone Number:</b>
<b>KABC account money is coming out of:</b> (circle one) Football                  Volleyball                  Men's Soccer Women's Soccer          Cross Country              Men's Golf Women's Golf              Swimming                      Wrestling Men's Basketball          Women's Basketball      Indoor Track Baseball                      Softball                      Men's Lacrosse Women's Lacrosse          Track                              Concessions AD Account                  Cheerleading                  Dance Knight to Remember      Golf Outing                      Apparel  Other: _____	<b>Purpose for Expenditure:</b> (Invoice or receipt must be attached to this request)
<b>Make Check Payable to:</b>	<b>Check Needed by: (minimum 7 day turnaround)</b>
<b>Mail (preferred method), list the address below:</b>	<b>Pick up: Yes or No</b> If yes, must have a phone number:  <b>Or, Drop off in Coach's Mailbox: Yes or No</b>
<b>Coach Signature (or designated rep)</b> _____  Date: _____	<b>Athletic Director's Signature (must have the signature to be approved)</b> _____  Date: _____

**For Treasurer's Use Only**

Check Number	Date	Amount