



PALM BEACH GARDENS
YOUTH ATHLETIC ASSOCIATION

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YOUTH ATHLETIC ASSOCIATION, INC

4029 Johnson Dairy Road, Palm Beach Gardens, FL 33410
561-594-2859

A Non-Profit Organization

EXPENSE REPORT / CHECK REQUEST

DATE: _____ **SPORT:** _____ **PROGRAM:** _____
Rec, Travel, All-Stars, Tournament, Concession

BANK ACCOUNT for check: _____ **TEAM:** _____
Operating, Travel, Concession *Specify for All-Stars & Travel or Tournament*

IRS FORM W-9 ON FILE? YES NO Not applicable - reimbursement
(Payment can not be made until form is on file)

AMOUNT: _____

PAYABLE TO: _____

ADDRESS: _____

PHONE: _____

DELIVER CHECK TO *(ONLY if different from above Payee):*

NAME: _____

ADDRESS: _____

PURPOSE *(include invoice numbers, dates and details of items purchased):*

For reimbursements, include name of vendor/store that reimbursable person originally paid

REQUESTED BY: _____

APPROVED BY: _____