Tacoma Youth Lacrosse Association

Check Request

PMB 176
3800A Bridgeport Way
Tacoma, WA 98466

Please issue check to: _____
Address: _____
_____
_____

DATE	DESCRIPTION & PURPOSE OF EXPENDITURE	AMOUNT
	Total Amount of Request	

Please attach all receipts

Initiator Signature: _____ **Date:** _____
Phone #: _____

Authorized Signature:_____ **Date:** _____

Authorized Signature:_____ **Date:** _____