

INSTRUCTIONS: Print form. Complete legibly. Use scanner or phone app (notes/genius scan/iscan) to create ONE pdf including this form and all supporting documentation. Email pdf to president@fcsomers.com and sysocheckrequest@bill.com. Allow 10-14 business days for payment. Failure to follow these instructions and guidelines provided on fcsomers.com will result in delayed payment.

FC SOMERS CHECK REQUISITION

Team Name

Payable to

Total Amount

Address

Expense Type Check one of the following if the request is solely related to that expense. If request is for multiple expense types, breakout and sub-total in "Detail", below, using expense headings.

<input type="checkbox"/> Training/Games	<input type="checkbox"/> Referees	<input type="checkbox"/> Equipment	<input type="checkbox"/> League Fees/Cards	<input type="checkbox"/> Other Costs
<input type="checkbox"/> Uniforms	<input type="checkbox"/> Field Rental	<input type="checkbox"/> Medical Supplies	<input type="checkbox"/> Tournament	<input type="checkbox"/> Operations

Detail

Total Amount

Note:

NYS Tax not reimbursable, avoid paying out of pocket, present Tax Exempt form at time of purchase - available on FCSomers.com.

Submitted by

Email

Date

Phone