

IAC Payment Approval or Check Request



****May use email approvals****

*****All WCS Employee checks must have Athletic Admin approval*****

Team: _____
Date: _____

Payee: _____
Address: _____
City, State, Zip _____

Amount: _____

Check Disposition: Direct to Payee
(check one) Team Box
 Pickup

Bill Attached: Yes
 No

Receipts Attached: Yes
 No

Expense Category: Apparel Concessions Travel Repairs
(check one) Coaching Fundraiser Scholarship Other

Two Approvers:

Title Signature Print Name

Title Signature Print Name

IAC Treasurer Use Only

Date Received: _____ Date Paid: _____