



Check/Credit Card Request

Instructions: Please fill out this form completely and attach receipts/documentation. Mail form and receipts/documentation to City SC San Marcos-Competitive @ PO Box 2016, San Marcos CA 92079 OR email form and scanned receipts/documentation to: cfo@cityscsanmarcos.com.
Questions, email: cfo@cityscsanmarcos.com

Team Coach Name: _____

Date of Request: _____

Name of Tournament: _____

Date of Tournament: _____

Receipt Attached?: Yes No

Recipient: Coach/Manager Tournament

Other _____

Description:

(Example: Put tournament website information here. Or if reimbursement for (i.e. soccer supplies), put here.)

Check to be endorsed to:

Tournament or Recipient Name: _____

Tournament Deadline: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Credit Card Request:

Amount \$: _____

Logon _____ Password _____

Coach or Manager Signature: _____

Date: _____

CFO/Treasurer comments

Approved?: Yes No Reason for Disapproval: _____

Treasurer Signature: _____ Date: _____

Team Check/Fill-in all boxes for your team

Boys Girls

Team Year

2004 2005 2006

2007 2008 2009

2010 2011 2012

2013 2014 2015

2016 2017 2018

Team Level

Gold White Premier 1 or 2

Academy 1 or 2