



Treasurer's Use Only

Date Received _____

Check request approved? Yes No

Check number issued _____

AYSO REGION 665 Post-Season Team Banking Form

Date _____

Coach's Name _____

Team (i.e.U10B Tm 1 All Stars, U14G League) _____

Deposit

Check request

Deposits:

Amount of Deposit: \$ _____ Verified by _____ & _____

Source of funds: _____

Is source a team sponsor? Yes No If yes, a sponsorship form attached? Yes No
Is a receipt and tax ID number needed? Yes No

Comments: _____

Check request:

Amount of Check: \$ _____

Date needed: _____

Name of Payee: _____

Purpose: _____

For tournament fees, has approval been received from Regional Commissioner? Yes No

Are receipts attached? Yes No – State reason _____

Comments: _____

ACKNOWLEDGMENT: Funds not counted in dual control by a team representative and the Treasurer are subject to verification. All deposited checks must be collected prior to issuance of any check. No team will be allowed to overdraw their available balance without prior written authorization from the Regional Commissioner.

Team Representative & Position

Date

Treasurer/Regional Commissioner

Date