



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

<p>Deposits:</p> <p>Amount of Deposit: \$ _____ Verified by _____ & _____</p> <p>Source of funds: _____</p> <p>Is source a team sponsor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, a sponsorship form attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is a receipt and tax ID number needed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments: _____</p> <p>_____</p>
<p>Check request:</p> <p>Amount of Check: \$ _____</p> <p>Date needed: _____</p> <p>Name of Payee: _____</p> <p>Purpose: _____</p> <p>For tournament fees, has approval been received from Regional Commissioner? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are receipts attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – State reason _____</p> <p>Comments: _____</p> <p>_____</p>

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