Cheque Requisition

DATE: _____

AMOUNT: $ _____

PAYEE: _____

PURPOSE: _____

(Enter purpose for payment) _____

If some or all of the amount you are requesting should be charged to one or more swimmers, please complete the following. If you need more space, please add additional pages

TEAM: _____

ALLOCATION:

Swimmer's Name	Amount
	$

SIGNATURE: _____