

PGSA CHECK REQUEST

DATE REQUESTED: _____

TEAM NAME AND DIVISION: _____

VENDOR OR PAYEE INFORMATION

NAME ON CHECK: _____

ADDRESS: _____

CITY / STATE / ZIP: _____

TELEPHONE: _____

DESCRIPTION OF SERVICE

- _____ UMPIRE FEES
- _____ CONCESSION STAND FOOD PURCHASES
- _____ OTHER FOOD PURCHASES
- _____ MAINTENANCE ITEMS
- _____ TOURNAMENT REGISTRATION FEE
- _____ OTHER (EXPLAIN)

TOTAL AMOUNT FOR SERVICE: \$ _____

MAIL TO VENDOR YES or NO

Address _____

City/State/Zip _____

GIVE CHECK TO: _____

ALL RECEIPTS MUST BE ATTACHED