

**PAYMENT / REIMBURSEMENT FORM**  
**Hilliard Lynx Field Hockey**  
**Hilliard OH 43026**

Date \_\_\_\_\_

Submitted By : \_\_\_\_\_ Phone # \_\_\_\_\_

Reason (check one):  Invoice Payment  Reimbursement  Purchase Order  
 Other \_\_\_\_\_

The Request is associated with what Activity/ Fundraiser/ etc. \_\_\_\_\_

\_\_\_\_\_  
**(attached copies of any applicable documentation, invoices, receipts, etc. )**

Make Check Payable to : \_\_\_\_\_

Amount \_\_\_\_\_ Date Needed: \_\_\_\_\_

Payment Delivery (check one)

Deliver to \_\_\_\_\_

Send check home with player \_\_\_\_\_  
(Name & Coach)

Mail Check to this address (for Business invoices only):

\_\_\_\_\_  
\_\_\_\_\_

..... below to be completed by Treasurer .....

Date Approved \_\_\_\_\_ if Denied(Reason) \_\_\_\_\_

Check # \_\_\_\_\_ Amount \_\_\_\_\_

Account : (Budget category)

\_\_\_\_\_