

**CARLSBAD WAVE SOCCER
Request for Funds**

| | |
|---|---|
| Payable To: _____ | |
| Address: _____ _____ _____ | |
| Vendor Contact: _____ | Phone #: (____) _____ |
| Type of Funds: | <input type="radio"/> Budgeted <input type="radio"/> Non-budgeted |
| | <input type="radio"/> Other: _____ |
| Mailing Instructions: | <input type="radio"/> Send to address above ASAP(please include a self- addressed envelope/stamp with your form) |
| | <input type="radio"/> Wait for invoice, then send check <input type="radio"/> COD |
| | <input type="radio"/> Contact initiator <u>before</u> payment <input type="radio"/> Deliver to Requester |

Amount: _____ **Budget Category:** _____

Description/Justification of Expenditure: _____

Special Instructions (if needed): _____

Requested By: _____ **Today's Date:** _____

Approved By: _____ **Today's Date:** _____

| | |
|--------------------------------|--------------------|
| FOR ACCOUNTING USE ONLY | |
| Date Received _____ | Date Entered _____ |
| Date Paid _____ | Check # _____ |

Petty Cash Received By: _____