

REQUEST FOR CHECK NCCE ATHLETICS

Please print clearly.

Payable To: _____

Date: _____

Event: _____

Amount: _____

Description: _____

Deliver To:

☐ I will pick up in the school office.

☐ Send home with my child.

(Indicate child's name and teacher)

☐ Please mail.

(Address: Street, City, State, Zip)

For Treasurer Use:

Charge to Budget Item: _____

Date: _____

Approved By: _____ Amount: _____

Instructions:

1. Form must be completed in full to be processed in timely manner or will be returned. PLEASE print clearly.
2. Attach ORIGINAL receipts or other payment documentation for audit purposes.
3. Attach a tally of all receipts on a separate page, or on the backside of this form (not needed if just one receipt).
4. Return this form and documentation to the NCCE Main Office in an envelope marked "Attention – Athletics Treasurer."