

# CHECK REQUEST

CORONADO YOUTH SOCCER LEAGUE, INC.  
P.O. Box 180267 • Coronado, CA 92178-0267

Please complete this form and attach ORIGINAL INVOICE or similar documentation before submitting. [Documentation other than a vendor invoice should be signed & dated by you.] Generally allow at least 3-5 working days for a check to be issued.

- **CYSL member** submitting request:
- **Amount** of check request: \_\_\_\_\_ Today's Date: \_\_\_\_\_
- **Payee/Vendor** name: \_\_\_\_\_

Payee/Vendor address: \_\_\_\_\_  
(If not shown on Invoice.)  
\_\_\_\_\_  
\_\_\_\_\_

Please obtain and provide the social security number or tax ID number for any person performing services for CYSL for the first time:

Soc. Sec. No. On File or Tax ID \_\_\_\_\_

- **Purpose** of expense/reason this check should be written; comments: \_\_\_\_\_
- **Expense relates to:** [Mark one] Recreation \_\_\_\_\_ Spring soccer \_\_\_\_\_  
Select \_\_\_\_\_ Operations/Admin \_\_\_\_\_ CCC \_\_\_\_\_ Holiday Cup \_\_\_\_\_

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**APPROVAL:** [Two signatures required]

Pres. \_\_\_\_\_ Vice Pres. \_\_\_\_\_  
Secy. \_\_\_\_\_ CYSL Director \_\_\_\_\_  
Treas. \_\_\_\_\_ Board action \_\_\_\_\_

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To be completed by CYSL upon check issuance:

Check: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_