

Fusion Futbol Club of Tampa Bay

Check Request/ Reimbursement Request

Date _____

Team: _____ Gender: _____

Coach/Team Mngr: _____

Address: _____



Check Request

Amount	Payable To	Date needed	Instructions and Explanation

Reimbursement Request

Itemize each bill paid. Receipts must be attached for each bill. Check will be made payable to coach/ team manager making the request.

Amount	Explanation

Total

Coach/Team Manager Signature

Notes: _____

Checks will only be reimbursed if sufficient funds are available on team account.

Submit to Jose Torres via fax (813-991-4036) or via email to Jose.Torres@FusionFutbol.com.