



Northwestern Youth Athletic Association

Expense Report / Check Request Form

Please attach the original vendor invoice or receipt. The Director of the Sport **must** sign this request. No checks will be issued at the monthly NYAA meeting.

Complete this form and return to:

Mary Norman
7586 Kings Highway
New Tripoli PA 18066

Date _____ Sport _____

Person Requesting Check _____

Reason for Check _____

Amount \$ _____ Purchase Order _____

Is this a budgeted expense? Yes No

Budget category _____

Director's Signature _____

Make Check Payable To _____

Please check one:

Give to Sports Director

Mail to: _____

OFFICE USE ONLY

Date Paid _____

Check # _____

Amount _____

Expense Category _____