



East County Revolution Football Club Payment or Reimbursement Request Form

Season: _____

Date: _____ Pay To: _____

<u>Date of Event:</u>	<u>Description:</u>	<u>Amount:</u>
	Total:	

ALL complete requests are to be scanned/emailed with any
applicable receipts to: **office@revolutionfc.org**

NO PHYSICAL COPIES WILL BE ACCEPTED

For Office Use Only:

Received: _____ Completed: _____ Check #/ACH _____

Completed by: _____ Deliver/Pick-Up/Mail (circle one)

Club Credit Card was used: YES or NO

If yes, last 4 digits # _____