



# 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](mailto: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 # \_\_\_\_\_