

BC United

Soccer Association

Expense Form

PERSON REQUESTING CHECK: _____ DATE: _____

PAYABLE TO WHOM: _____

MAIL TO: _____

CHARGE: TEAM CLUB

TEAM TO CHARGE: _____

<u>ACCOUNT</u>	<u>EXPENSE</u>	<u>AMOUNT</u>
TOTALS		

MONTH	
TRANS NBR	
CHECK NBR	
AMOUNT	
DR ACCT	
CR ACCT	

FOR TREASURER ONLY