

Charlotte Catholic High School Athletic Association  
CHECK REQUEST FORM 2024-2025

\*Sports Team /Account: \_\_\_\_\_ \*Submitted by: \_\_\_\_\_

Men's     Women's     Varsity     JV

\*Date: \_\_\_\_\_ **Grand Total:** \$ \_\_\_\_\_ (multiple receipts may be attached)

Receipt: (use back of form if more than 4 receipts)

**Total:**    \$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_

Vendor \_\_\_\_\_

**\*Make Check Payable to:** \_\_\_\_\_

\*Payee Address: \_\_\_\_\_

\*Payee Address: \_\_\_\_\_

\*Payee Phone #: \_\_\_\_\_

\*Payee Email: \_\_\_\_\_

**\*Purpose:** \_\_\_\_\_

Meal (Breakfast, Lunch, Dinner – must attach a team roster if not previously submitted)

Reimbursement (Receipt must be attached)

Pay Invoice /Order (Invoice or order must be attached)

Mileage: Destination \_\_\_\_\_, Reason for Travel: \_\_\_\_\_

• Beginning Odometer: \_\_\_\_\_, Ending Odometer \_\_\_\_\_

• Total Mileage: \_\_\_\_\_ Total Mileage x .70 = Mileage Reimbursement \$ \_\_\_\_\_

\*APPROVAL: \_\_\_\_\_ (Athletic Director)

**\*MANDATORY INFORMATION**

Reimbursement check request must have proof of payment in the form of receipt, cancelled check (front and back), or credit card statement showing purchase.

ANY QUESTIONS: Please contact Maria Perez in the CCHS Business Office.

Maria Perez # 704-716-2413 meperez@charlottecatholic.org