



CDO Soccer Club
Teams Account Deposit and Payment Request Form
2017-18

Date: _____

Enclosed for Deposit in our team account:

Cash \$ _____ and _____ (number) of checks in the amount of \$ _____

FOR A TOTAL DEPOSIT OF: \$ _____

List All Checks by Number, Payer Name and Amount:

Please provide the following payments or reimbursements according to the attached receipts:

Recipient	Amount	Expense Item	Dropbox/Mail/Online

- Notes:
- 1) REMEMBER TO ATTACH RECEIPTS and/or INVOICES
 - 2) Provide a self-addressed stamped envelope or request \$1.00 charge for provision of envelope and stamp.
 - 3) Provide Name and Address for online payment.

Thank you,

Your name: _____

Team name: _____

Email address: _____