

BSA - Directive Form Check/Reimbursement Request

Team Name: _____ Coach Name: _____

Manager Name: _____ Cell Number: _____

E-mail Address: _____ Date Submitted: _____

For BSA Use Only		Name of Payee	What Payment is for	Amount
Date	Check #			
Total Payment Requests				

* Attach copies of original receipts to directive for payment requests

* Attach copies of game and rate schedules for ref fee requests

* Attach PROOF of payment for reimbursement requests
(Proof consists of copy of cancelled check, credit charge or paid invoice)

* Requests received by Monday will normally be available for pick up Friday. After Monday checks will be ready the following week.