

**CHECK REQUEST FORM**  
**SPORTS ASSOCIATION OF OAKLAND, INC.**

Commissioner/Representative: \_\_\_\_\_ Phone: \_\_\_\_\_

**(Circle one)**

**Activity:** (1) General (2) Great Oak Park (3) Dog Park (4) SAO Classes (5) Football (6) Cheer (7) Basketball (8) Baseball (9) Roller Hockey (10) Wrestling (11) Softball (12) Special Needs (13) Cooperstown Baseball (14) Summer Camp (15) Soccer

Will this be reimbursed by the town? YES/NO If Yes, please provide description, PO#, and attach a copy of the purchase order \_\_\_\_\_

**Activity Expense Type (1 form per activity):** (1) Fundraiser (50/50) (2) Program (Clinic, Tryouts) (3) Other \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Check Payable to: \_\_\_\_\_

Address of Payee: \_\_\_\_\_

Describe or Itemize Expense	Amount
	\$
RECEIPTS ARE NECESSARY FOR PAYMENT	

Commissioner Signature: \_\_\_\_\_  
(Required for check request)

**Complete form, attach receipts, leave near Katrina Larsen's front door at 71 Spear Street**