



Check Request Form *(Allow three weeks for processing.)*

In accordance with Special Olympics Washington policies, full documentation of funds to be reimbursed are to be submitted to the SOWA office within (2) weeks of the completion of the event. If payee fails to provide full documentation, payee will be billed for the advanced amount and forfeits the privilege of all future advances.

Date: _____

Payee Signature *(Payee accepts the above policy)* _____

This Request is for:

Reimbursement in the amount of: \$ _____
Advance request in the amount of: \$ _____
Reconciliation: \$ _____

Request Date: _____
Required Date: _____

Event: _____

Team Name: _____

Payee Name: _____			
Address: _____			
City: _____	State: _____	Zip: _____	

Phone Numbers <i>(Include area codes)</i>			
Contact Phone: _____	Work Phone: _____		
Fax: _____	Email: _____		

Description:	Receipt Number	Amount	Account Codes

SOWA Approval: _____ Date _____

Code to Sport/Event : _____ Code to Region/Local _____