



**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: _____	

<b>Phone Numbers</b> <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 \_\_\_\_\_