

Utah FC

Check Request Form

Date: _____

Name of Person requesting reimbursement: _____

Pay to: _____

Amount requested: _____

Purpose of expense:

(Attach Receipt)

Board Approval: _____

Date: _____

Checks are processed twice a month. Requests made by 12pm on the 10th of the month will be paid on the 15th. Requests made by the 25th of the month will be paid on the 1st day of the next month. Contact Aaron Oyler at aaron@utahfc.org.