



## CHECK REQUEST

Today's Date: \_\_\_\_\_

Payee: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Delivery Method: U.S. Mail  
ePayment (Must provide email below)

Email Address for bill.com invite:

Amount: \_\_\_\_\_

***Payments are processed twice a month, on the: - 15th (submit by 5th)  
- 31st (submit by 20th)***

Explanation/ Description of Refund:

- Background Check Refund       Coaching License Refund (please attach license & receipt)  
 Referee Registration Refund       Other (please specify):

Requester: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

Director Approval:

X \_\_\_\_\_  
*signature or attached email*

***Club Refund Policy:*** \_\_\_\_\_

***Please submit receipt with request  
All requests must have Director Approval***

***\* Once complete, send to [accounting@mustangsoccer.com](mailto:accounting@mustangsoccer.com)***