

ENCINO LITTLE LEAGUE

P.O. Box 260772
Encino, CA 91436

CHECK REQUEST

(please attach invoice or receipts)

DATE

REQUESTED BY

VENDOR/PAYEE

ADDRESS

AMOUNT

\$

DESCRIPTION

TYPE OF EXPENSE

SPECIAL INSTRUCTIONS

APPROVED BY:	<hr/>
	Signature
PRINT APPROVER'S NAME:	<hr/>