



## AD's SINGLE VENDOR CHECK REQUEST FORM

This form is ONLY to be used by the Wilson Athletic Dept, expressly for the purpose of paying a single vendor who provided services for multiple teams/programs.

1. Complete form in full. *Please get email address. Let vendor know we pay by bill.com and to expect an email invite.*
2. Consolidate charges by team (ie., all charges for a single team are combined)
3. Email completed copy + associated receipts to [wta.inc.treasurer@gmail.com](mailto:wta.inc.treasurer@gmail.com). (Multiple forms are fine.)

### ATHLETIC DEPT CONTACT:

Contact Name \_\_\_\_\_ Date \_\_\_\_\_  
 Email \_\_\_\_\_ Mobile # \_\_\_\_\_

### CHECK PAYABLE TO:

Payee Name _____	Contact Name _____
Address 1 _____	Email Address _____
City State Zip _____	Total Amount _____
Phone # _____	Date Due _____

\*All fields are required\*

### PURPOSE: (check appropriate category)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> City & admin fees (DDOT, DCRA, MPD, etc.)<br><input type="checkbox"/> Coach stipend/bonus<br><input type="checkbox"/> COGS (cost of goods sold)<br><input type="checkbox"/> Donation/grant<br><input type="checkbox"/> Equipment | <input type="checkbox"/> Event entry fees (tournaments, meets, matches, etc.)<br><input type="checkbox"/> Hotel/accommodations<br><input type="checkbox"/> Meals/food<br><input type="checkbox"/> Non-cash gifts/decorations<br><input type="checkbox"/> Officials (referees) | <input type="checkbox"/> Operations costs (s/w, event help, etc.)<br><input type="checkbox"/> Transportation<br><input type="checkbox"/> Uniforms/spirit wear<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Other _____ |
|---|---|---|

### CREDIT CARD RECEIPTS

Sport Program	Amt	Date(s) of Service