



Check Request Form

Allow three weeks for processing.

This request is for:

Reimbursement in the amount of: \$ _____
 Advance request in the amount of: \$ _____
 Reconciliation: \$ _____

Name _____

Address _____

City _____ State _____ Zip: _____

Phone Numbers (include area code)

Home _____ Work _____

Fax # _____ Email _____

Request Date _____ Required Date _____

Event _____ Team _____

Description	Receipt Number	Amount	Account Number
Total			

In accordance with Special Olympics Washington policies, full documentation of funds to be reimbursed are to be submitted to the SOWA State Office within two (2) weeks of the completion of the event. If payee fails to provide full documentation, payee will be billed for the advance amount and forfeits the privilege of all future advances.

SOWA Approval _____ Date _____

Code to Sport/Event _____

Code to Region/Local _____