REQUEST FOR FUNDS DISBURSEMENT
Las Vegas Gay Softball League

DATE: _____ / _____ / _____

To the Treasurer:

Pay to the order of: _____

Amount: _____

Team Name: _____

Purpose: _____

Number of attached receipts: _____

*Bank Account Number: _____

*Bank Routing Number: _____

*Email Address: _____

**Requested By: _____

Signature: _____

Signature of Approval:

Women's Commissioner/Commissioner: _____ Date: _____ / _____ / _____

Treasurer: _____ Date: _____ / _____ / _____

Paid by: Bank ACH: _____ Check #_____ Date: ____ / _____ / _____

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*LVGSL is not responsible and will not reimburse for incorrect information provided. LVGSL cannot guarantee bank will reverse a payment due to incorrect information provided. ACH Transfers require First Name, Last Name, email address, Bank Routing #, Bank Account #. Personal Accounts only.
**Team Coach or Manager must be the requestor for team escrow funds disbursement.