



# Somerset County YMCA

## Somerset Hills Swim Team Custody Account Check Request Form

**Vendor:** \_\_\_\_\_

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

**Amount:**                    \$ \_\_\_\_\_

**Description:**                    \_\_\_\_\_

**Charge to Account (Must Check One):**

- 56-00-00-28150 (Meet Fee Account)
  
- 56-04-50-43308 (Fundraising Expense)

**Check will be mailed to vendor unless otherwise indicated here:**

Give check to: \_\_\_\_\_

Date Needed: \_\_\_\_\_

**Requested By:**

Head Swim Coach: \_\_\_\_\_ Date: \_\_\_\_\_

S.T.P.O. Treasurer: \_\_\_\_\_ Date: \_\_\_\_\_

**Approved By:**

Executive Director: \_\_\_\_\_ Date: \_\_\_\_\_

Chief Financial Officer: \_\_\_\_\_ Date: \_\_\_\_\_