



CHECK VOUCHER REQUEST

INVOICE DATE: _____ DUE DATE: _____ AMOUNT: \$ _____

SPORT: _____

PAYABLE TO: _____ INDEPENDENT CONTRACTOR: Yes No
(If yes, attach Independent Contractor Agreement)

FEDERAL I.D. / SSN: _____
This must be provided if the vendor is providing a service.

MAILING ADDRESS: _____

CONTACT NAME: _____

CONTACT TELEPHONE #: _____ FAX TELEPHONE #: _____

DESCRIPTION and BUSINESS PURPOSE _____

(INCLUDE DATES, NAMES, TITLES RELATIONSHIP TO CAMP, ETC.) _____

CAMP SESSION NAME: _____ DATE(S) OF CAMP: _____

SPECIAL INSTRUCTIONS: _____

REQUESTED BY: _____ TITLE: _____

ATTACH INVOICE AND SUPPORTING DOCUMENTATION TO CHECK REQUEST

FOR ACCOUNTING USE ONLY

CONTRACT ON FILE: _____

BUDGET CATEGORY: _____

BUDGET CODE: _____

REVIEWED BY: _____

APPROVED BY: _____

NOTE: Check requests are to be routed to Tiger Sports Camps at the Pete Maravich Assembly Center for processing.