



# Tournament/Entry Fee Request Form

Request #

Date Entered

Entered By

### Check Request

This is a copy to accompany backup

Do not process as an original

Mail Check

Return Check to \_\_\_\_\_

Must have HAND check by \_\_\_\_\_



Hard copy of Check Request for Hand check must be in the Business Office before check is written

Vendor #

Vendor Name

PO #

| Quantity | Description | Unit Cost | Extension |
|----------|-------------|-----------|-----------|
|          |             |           |           |
|          |             |           |           |
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|          |             |           |           |
|          |             |           |           |

Printed Comments: [for use with PO only]

  
  
  


Non-Printed Comments

  
  
  

**THANKS!**

redesigned by Michelle DoPorto 2006

| Key Code | Account |  | Amount |
|----------|---------|--|--------|
|          |         |  |        |
|          |         |  |        |
|          |         |  |        |
|          |         |  |        |
|          |         |  |        |

\* Athletic Department\* 6108 Broadway Avenue, Haltom City, TX 76117 \* (817) 547-5820 \* (817) 831-5824 fax \*

BIRDVILLE INDEPENDENT SCHOOL DISTRICT

Coach's Signature \_\_\_\_\_

Date \_\_\_\_\_