PACIFIC POWER SOCCER GRANT DISBURSEMENT FORM

NAME:

ADDRESS:

DATE:

BOARD/TEAM POSITION:

GRANT APPROVAL FOR:.

(please specify item or program that was approved)

IN THE AMOUNT OF:

(please specify dollar amount)

DATE approved by the board: (to be filled in by the PPS treasurer)

IMPORTANT!

PAY TO:

(person/company)

STREET ADDRESS/PO BOX:

CITY:

STATE/ZIP CODE

MAIL TO: \_\_\_\_\_\_\_ ME \_\_\_\_\_\_\_ INVOICE ADDRESS