



OREGON FUTBOL ACADEMY

144 SW G ST. GRANTS PASS, OR 97526
OFFICE: 541.471.1099

TEAM ACCOUNT PAYMENT AUTHORIZATION

Date _____

Name of Person Requesting Check _____

Phone _____

Team Name: _____

Head Coach: _____

Reason for Request: Equipment Tournament Warm-ups/Sweatshirts Other _____

Request Details: _____

Amount \$ _____

Invoice attached

Receipt attached

Write Check To:

Name of Person/Company _____

Address _____

City _____ Zip _____

(_____) _____
Phone

Requestor Signature

Head Coach Approval

For OFA treasurer use:

Coach Approval	Check Number	Amount
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