



CHECK VOUCHER REQUEST

Invoice Date: _____ Due Date: _____ Amount: _____

Sport _____

Payable to: _____ Is this individual an Independent Contractor? Yes No
(If yes, attached Independent Contractor Agreement)

Federal I.D. / Social Security Number: _____ *(Must be completed if the vendor is providing a service)*

Street Address: _____ City: _____ State: _____ Zip Code: _____

Contact Name: _____

Phone Number: _____ Fax Number: _____ E-mail Address: _____

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 Center for processing.