Approval Initials
_____

Paid Date_____
Check #_____

USC Trojan League Associates of San Diego County

Check Request Form

Please issue a check to: _____

in the amount of $ _____
(All receipts must be attached for payment)

This check is to reimburse/pay for:

ITEM(s) or ACCOUNT	PURCHASED FROM	EVENT	AMOUNT

Signature: _____

Date: _____

$$$