BC United
Soccer Association

Expense Form

PERSON REQUESTING CHECK: _____ DATE: _____

PAYABLE TO WHOM: _____

MAIL TO: _____

_____

_____

_____

CHARGE: TEAM CLUB

_____

TEAM TO CHARGE: _____

ACCOUNT	EXPENSE	AMOUNT
TOTALS		

MONTH	
TRANS NBR	
CHECK NBR	
AMOUNT	
DR ACCT	
CR ACCT	

FOR TREASURER ONLY