



CHECK REQUEST/PURCHASE ORDER

Date: _____ Items needed by (date): _____
 Person making request: _____ Phone: _____
 E-mail: _____
 Circle one: Girls SB Boys BB Both Age Group: _____

Check Request.
 Payment for: Tournament Fee Concessions Equipment/Parts Other _____
 Please make check payable to _____
 Amount: \$ _____
 Send to: Name: _____
 Street Address: _____
 City, State, Zip: _____

Order Request. Please complete section below.
 Business: _____ Business Contact: _____
 Address: _____ City: _____ State: ____ Zip: _____
 Items needed for: _____

Item #	Quantity	Description	Price	Total

Subtotal: _____
 Shipping: _____
 Total: _____

Please provide this form to the League Equipment Manager or President. All orders must be placed by the League's Equipment Manager or President. Any orders not placed by the League Equipment Manager or President will be the personal responsibility of the person placing the order and will not be reimbursed by the league.

<i>Office Use Only:</i>	<i>ORDER</i>	<i>CHECK</i>			
<i>APPROVED BY</i>	<i>DATE RECD</i>	<i>PLACED</i>	<i>CHECK DATE</i>	<i>CHECK #</i>	<i>CHECK AMOUNT</i>

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