



Expense Request

Form 100

Goodrich Soccer Club, Inc

Liz Parker, GSC Treasurer, email: esp2021esp@yahoo.com,
phone 810 240 4949

Date Requested: _____/_____/_____

Date check must be received by Payee if mailed: _____

Description of Expense: _____

Receipts/ invoices etc. must be attached showing detail of expense per GSC Inc club policies.
Original receipt is required for cash expenditures. If invoice is paid in advance, invoice must be
marked PAID by the invoice.

Name of Expense Submitter: _____

Name which approved budget area these funds must come from:

Check to be issued to:

Name: _____

Company: _____

Address: _____

City: _____

State: _____ Zip Code _____

Amount of check requested \$ _____

Policy: GSC Treasurer ensures requested funds are being spent on items planned in approved
annual budget and funds exist yet in that budget area. If this is not so, check will not be written
without email from president, vice president or past president authorizing the expense exception
from the budget.

Financial Audit Tracking: Accepted by GSC Treasurer on date: _____

Signature of Treasurer _____

Entered in GSC official Quicken file _____

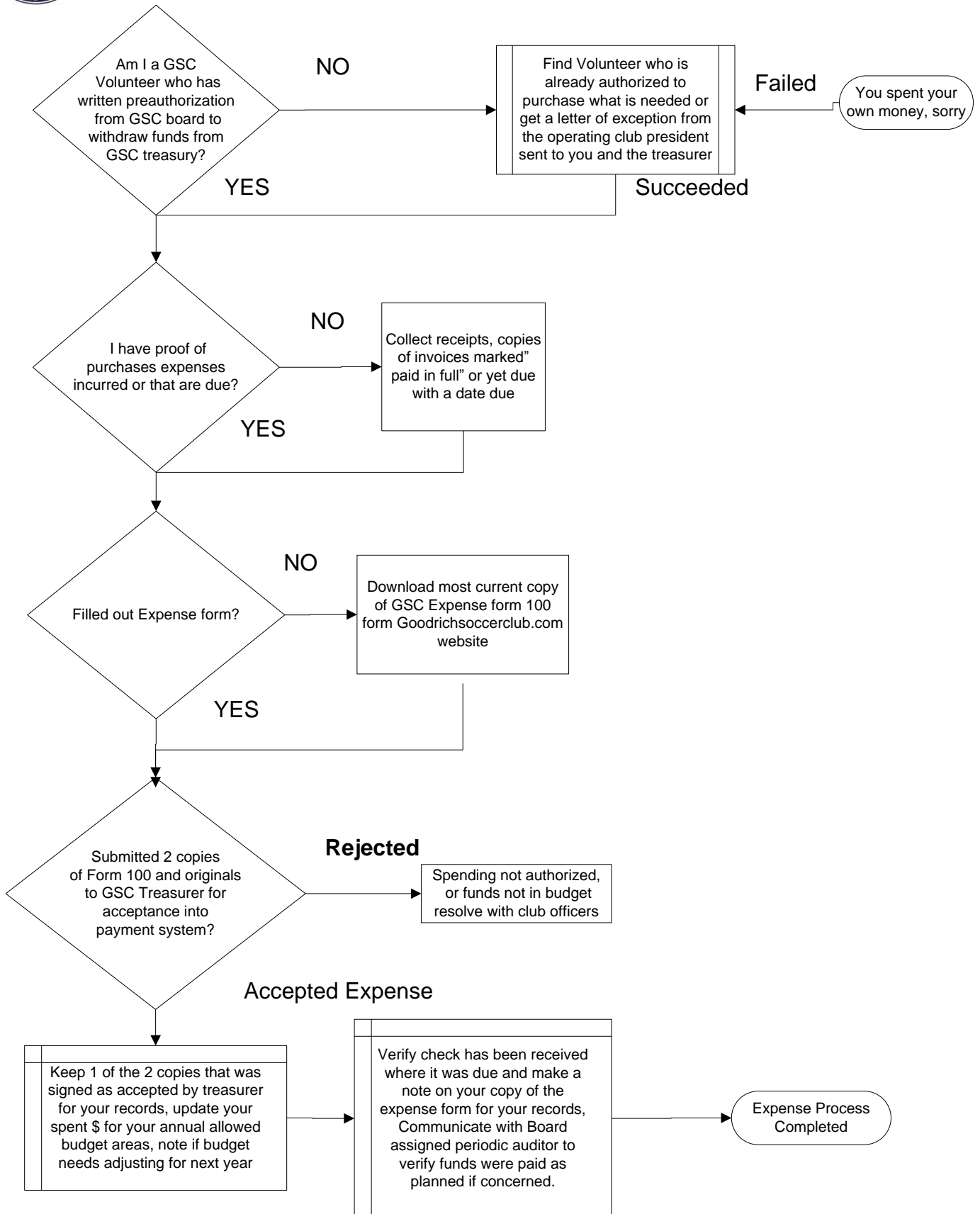
Deposited in Oxford Bank date _____

Reconciled on Oxford Bank statement _____

Reconciled in periodic independent audit. _____



GSC Expense Process #200





GSC Deposit Process #201

