



Vendor Check Request

Area _____ Local _____

Invoices Attached? _____ Due Date _____

Check made out to (payee): _____

Event name & date (if applicable): _____

Address to mail check (checks should be mailed directly to vendor unless they require payment at the actual event):

☐

address included
on attached support

Type of Expense:

Amount:

Details:

5130 Professional Fees

5220 Program Materials (includes Office Supplies)

5310 Telephone/Internet

5410 Postage & Shipping

5510 Office Rent

5530 Storage & P.O. Box Rental

5540 Facility/Meeting Room/Lane/Rink Rental

5610 Equipment Rental

5620 Equipment Maintenance

5710 Printing/Copying/Publications

5810 Dues/Training/Subscrip/Licenses

6010 Accommodations/Travel/Meals

Other Expense

TOTAL

Description of Other Expense

I hereby certify that the expenses herein requested are true and exact, and are necessary and reasonable to conduct Special Olympics Virginia business. I further certify that these expenses are not being submitted for payment to any other organization, agency or government entity.

Signature of area volunteer submitting the expense: _____ Date _____

Printed name of area volunteer submitting the expense request: _____

Contact phone number or email: _____

Printed name of area volunteer authorized to approve expenses: _____

Approval Signature: _____

This form must be completed and sent to SOVA, Att: Area Accountant. Mail to SOVA, Att: Area Accountant, 3212 Skipwith Road Ste 100, Richmond, VA 23294. Email to areaaccounting@specialolympicsva.org. Fax to (804) 346-9633.

Revised 7/25/17