**S**ierra **Y**outh **F**ootball **L**eague

Of Northern Nevada, Inc.

[www.gosyfl.com](http://www.gosyfl.com)

1275 Kleppe Lane Suite 1, Sparks, Nevada 89431

Tax ID: 88-0451518

**2022 PRE-PAY REQUEST**

**This form should be completed when payment to a vendor MUST be made at time of order. If a credit card payment is required, a team badged designee may be pre-paid in order to use a personal credit card.**

Please print clearly and fill this form out completely for efficient processing.

**PLEASE SEND TO** [**FINANCE@GOSYFL.COM**](mailto:FINANCE@GOSYFL.COM) **or**

Mail or drop form off at: SYFL Attn: Treasurer, 1275 Kleppe Lane Suite 1, Sparks, Nevada 89431

***\*REIMBURSEMENTS WILL BE SENT VIA VENMO FROM @SYFLNV\****

Date of Request \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ REQUESTOR’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Head Coach or Designee Only)

REQUESTOR’S PHONE NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REQUESTOR’S EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| □ FOOTBALL □CHEER Head Coach Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Team: □Damonte (DR) □Hug (H) □McQueen (McQ) □North Valleys (NV)  □Reed (RR) □Reno (R) □Spanish Springs (SS) □Wooster (W) |
| Division: □Bandit □Mavericks □Renegades □Freshman □JV □Varsity □Collegiate |

Amount of Request $\_\_\_\_\_\_\_\_\_\_\_ **Invoice/Receipts Must Be Attached**

**PRE-PAY TO € Vendor € Team Designee**

Pay To Order of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL/VENMO ACCOUNT INFO or ADDRESS TO MAIL CHECK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe the purpose for this expense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SYFL TREASURER/ACCOUNTING ONLY

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| --- |
| Amount Paid: $ Date Paid: |