



Elmbrook United Soccer - GIRLS' Select Division

DISBURSEMENT REQUEST

Team ID:

Name of Team:

Date:

Payment:

Amount (\$):

Purpose:

(Please attach receipts as needed.)

Make Check Payable to:

Mail to:

Name:

Address:

City, State Zip

Or

Don't Mail, I will pick up check from the office:

Person Completing Check Request:

Phone:

Email:

Signature:

MAIL THIS REQUEST TO:

Diane Drews  
EBU Select Division Treasurer  
4120 N. 135<sup>th</sup> Street  
Brookfield, WI 53005

Questions:

Diane (262)844-6160 or [diane.drews@elmbrookunited.com](mailto:diane.drews@elmbrookunited.com)

For Treasurer's Use:

Date Paid:

Check #: