



# TEAM FUND TRANSFER FORM TEAM ACCOUNT

**THIS FORM MUST BE COMPLETED IN ORDER TO PROCESS ANY  
CHECK REQUESTS FOR REIMBURSEMENT OR REFEREE FEES**

DATE: \_\_\_\_\_

TEAM NAME: \_\_\_\_\_

GIRLS  BOYS

*Exact Name in PlayMetrics - include Team Age, Color/Name*

HEAD COACH: \_\_\_\_\_ TEAM MANAGER: \_\_\_\_\_

TM PHONE NUMBER: \_\_\_\_\_

<b>EVENT NAME:</b> <i>Exact Invoice Description in PlayMetrics</i>	
<b>AMOUNT TRANSFERRED</b> <i>Only Transfer Full Amounts per event - No Partial</i>	
<b>DATE OF TRANSFER:</b>	
<b>DESCRIPTION OF COLLECTION:</b> <i>Such as Tournament Fee, Parking, Coach Expenses, Referee Fees, etc.</i>	<b>CONFIRMATION #</b>
<b>PLEASE INCLUDE ALL NECESSARY DETAILS</b>	

SIGNATURE(S):

\_\_\_\_\_ WFC HEAD COACH

OR \_\_\_\_\_ TEAM MANAGER

**PLEASE E-MAIL THIS COMPLETED TRANSFER DETAILS FORM TO**  
[teamaccounts@westonfc.org](mailto:teamaccounts@westonfc.org)

## FOR ACCOUNTING PERSONNEL ONLY

DATE PROCESSED: \_\_\_\_\_

CONFIRMATION #: \_\_\_\_\_

AMOUNT PROCESSED: \_\_\_\_\_

RECORDED: \_\_\_\_\_