

# CYO/Camp Howard Check Request Form

(Use for Expense Reimbursements, Facility Rental payments & other expenses. Must provide the appropriate receipts, invoices and/or contracts.)

Please save and email, fax or mail completed form to:

CYO/Camp Howard  
847 19th Ave. Suite 385  
Portland, OR 97232  
503-231-9484 (main) -- 503-231-9531 (fax)  
[billing@cyocamphoward.org](mailto:billing@cyocamphoward.org)

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**Payee Name**

**Date Requested**

**Address**

**E-mail**

**City**

**State**

**Zip**

**Club** (select from list below)

**Sport/Program** (select one)

**Purpose** (check one)

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**Amount Requested**

**Attachments**

**How Many Receipts?**

Yes

No

**Notes/Comments**

**Payment Delivery**

Mail to Address Above

Pick-Up at CYO Office

Pick-Up Date

Pick-Up Time

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**Affidavit and Approval**

**Person Submitting  
Form:**

By checking the **Affidavit and Approval** box and submitting this form, I authorize the disbursement of funds from the Club fund indicated above. If the Submitter is also the Payee, the email must be sent to at least two Club board members, while cc'ing [billing@cyocamphoward.org](mailto:billing@cyocamphoward.org). At least one of the board members must confirm approval via separate email stating their acceptance of this check request and copying all recipients by selecting Reply All.

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**QUESTIONS? Please contact the CYO Business Office for assistance.**