# Kansas State Youth Soccer Association, Inc.
## Independent Contract Payment Form

**Name:** _____ **Title:** _____
**Address:** _____ **Purpose:** _____

| Date | Description | Department | Acct Code | Amount |
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| | | | Total: | |

I Certify that the above expenses were incurred in the best interest of the Kansas State Youth Soccer

Signature: _____
Date: _____
Approved by: _____

**FOR OFFICIAL USE ONLY**

Date Paid: _____

Check #: _____