

NJ SERVICE FOUNDATION, INC.
PDG Ray Freaney, Chair
Michael R. Townley, Treasurer
CLUB PROJECT EXPENSE VOUCHER

REQUESTED FOR PROJECT : _____

AMOUNT REQUESTED: _____ RECEIPT(S) ATTACHED: YES: _____ (initial)

DATE(S) OF PURCHASE(S): _____

REQUEST PAYMENT OF THE FOLLOWING: _____

CHECK PAYABLE TO: _____

TAX EXEMPT #: _____ MAIL TO NAME & ADDRESS : _____

PAYMENT DUE BY DATE: _____

CLUB NAME : _____ CLUB POSITION: _____

I CERTIFY THAT I AM AUTHORIZED BY MY CLUB TO SUBMIT THIS PAYMENT REQUEST FORM: PRINT

NAME: _____ SIGNATURE: _____ DATE: _____

EMAIL OR MAIL : Expense voucher with invoice and receipts to Foundation Treasurer *MICHAEL TOWNLEY*
- NJServiceFoundation@gmail.com or 342 Rahway Ave, South Plainfield, NJ 07080-3741. NOTE: An email with
the required information may be submitted in lieu of this form, if preferred.

No checks will be issued to a vendor without this completed requisition or email and invoice/receipts.

FOR TREASURER ENTRIES ONLY

AUTHORIZED BY: _____ DATE: _____ METHOD: _____

FUND: _____ VERIFICATION DATE: _____

FUNDS AVAILABLE: _____ THIS PAYMENT: _____ BALANCE: _____

PAYMENT MADE TO: _____

CHECK NUMBER: _____ IF PAID ELECTRONICALLY, CONFIRMATION NUMBER _____

DATE PAID: _____ TREASURER SIGNATURE _____

*All requisitions and receipts will be kept and filed by the Treasurer with the project paperwork.
A copy of this completed form will be returned to the requestor.*