

NJ SERVICE FOUNDATION, INC.
PDG Dr. D. Michael Hart, 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.*