

# NEW JERSEY SKI COUNCIL, INC

## REQUEST FOR PAYMENT VOUCHER

TO TREASURER: Please draw a check:

AMOUNT: \$ \_\_\_\_\_

PAYABLE TO:

ADDRESS:

\_\_\_\_\_ If applicable set forth: \_\_\_\_\_  
Invoice # \_\_\_\_\_  
Acct # \_\_\_\_\_

Check Here \_\_\_ If you want the check mailed directly to above name and address. If check is to be sent to another address, indicate below to whom and the address; If possible, include a fully addressed and stamped envelope.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** All vouchers must be accompanied by an invoice or bill from the supplier where applicable. Complete the description below in detail, clearly stating items, quantities, and what services or goods, etc are being paid. If advance payment is required, explain why. You are responsible for forwarding the invoice immediately upon receipt.

**SET FORTH DETAILED DESCRIPTION FOR REQUEST:**

**CATEGORY OF PAYMENT (check one) :** Reimbursement of Personal Funds \_\_\_ Advance Payment \_\_\_ Other \_\_\_

**FISCAL YEAR EXPENSE IS FOR (check one) :** Current \_\_\_ Other \_\_\_ (specify) \_\_\_\_\_

**BUDGET LINE ITEM TO BE CHARGED BELOW:**  
(If a split charge also indicate the amount for each account below:)

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**I certify that the above expense is accurate, complete and was required for the NJSC:**

By: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Phone #s (H) \_\_\_\_\_  
(Signature) (W) \_\_\_\_\_  
Printed name of above requester: \_\_\_\_\_

**APPROVAL:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_  
(Signature of appropriate Officer, Director, or other official authorized to charge expenses to above account if requester is not)

**BELOW FOR TREASURER'S USE ONLY:**

Check No: \_\_\_\_\_ Dated \_\_\_/\_\_\_/\_\_\_ Hand Delivered: \_\_\_/\_\_\_/\_\_\_ or Mailed \_\_\_/\_\_\_/\_\_\_  
Comments: \_\_\_\_\_