

## **DEPOSIT**

Cash:	\$	Date:
Checks:	\$	Budget Category:
Total	\$	Chairperson's Signature:
		CHECK REQUEST
Requested	by:	(Signature)
Reason for	check: _	
Expense Au	uthorized b	y:(Chairperson's or Board member's signature)
Amount:	\$	Budget Category:
Payable to I	Name/Addr	ress:
This exp	oense vouch	ner <u>MUST BE</u> submitted to the Treasurer within 14 days of the expense with receipts or invoices attached.
Submit to	-	Doug North 244 Naughright Road Long Valley, NJ 07853 dougmnrth@yahoo.com
******	*****	**************************************
Check #		Date:
Signature: _		