

LEVITTOWN SOCCER CLUB VOUCHER

NOTES: RECEIPTS, INVOICES OR OTHER DOCUMENTATION MUST BE ATTACHED BEFORE PAYMENT WILL BE PROCESSED
 IF PURCHASE WAS MADE USING LSC CREDIT CARD, THEN INDICATE PAYEE AS "VISA"
 EXPENSES EXCEEDING \$100 SHOULD BE DISCUSSED WITH LSC PRESIDENT PRIOR TO COMMITMENT
 EXPENSES EXCEEDING \$500 MUST BE APPROVED BY LSC BOARD OF DIRECTORS AND/OR LSC PRESIDENT

1. TRANSACTION TYPE: (choose one):

_____ EXPENSE (complete sections 2 - 6) _____ DEPOSIT (complete sections 3 - 6)

2. PLEASE ISSUE A CHECK IN THE AMOUNT SHOWN FOR REIMBURSEMENT OF THE EXPENSES DESCRIBED BELOW:

PAYABLE TO: _____
 ADDRESS: _____

DELIVERY OPTIONS:

_____ Mail to specified address
 _____ Check to be delivered by:
 Name: _____

3. PURPOSE OF EXPENSE or DEPOSIT:

A. \$ _____ FOR _____
 B. \$ _____ FOR _____
 C. \$ _____ FOR _____

4. EXPENSE TO BE CHARGED AGAINST (or DEPOSIT TO BE CREDITED TO) (choose one):

_____ TEAM ACCOUNT (specify): _____ DEVELOPMENTAL (specify): _____
 _____ LEVITTOWN SC _____ SNOOPYS _____ INTRAMURAL _____ TRAVEL _____ SOCCER STARS

5. TRANSACTION CATEGORY (choose one):

_____ TEAM _____ DEVELOPMENTAL
 _____ ADMIN _____ EQUIPMENT _____ LIJSL FEES _____ FIELDS _____ REFEREES
 _____ REGISTRATION _____ TOURNAMENT _____ TRAINING _____ TROPHIES _____ UNIFORMS
 _____ CLUB PICNIC _____ DINNER/DANCE _____ HOLIDAY PARTY _____ OPENING DAY
 _____ PELINI PARK _____ SCHOLARSHIP _____ KICKING BACK _____ LADYRID CAMP _____ MLS CAMP
 _____ OTHER (specify): _____

6. AUTHORIZATIONS:

DATE: ____ / ____ / ____ SIGNATURE: _____
(COMMITTEE CHAIRPERSON)

DATE: ____ / ____ / ____ SIGNATURE: _____
(LEVITTOWN SOCCER CLUB PRESIDENT)



DO NOT WRITE IN THIS SECTION - TREASURER'S USE ONLY

CHECK / DEPOSIT DATE: ____ / ____ / ____ CHECK NUMBER: _____ AMOUNT : \$ _____