

JACKSON LACROSSE CLUB

PO Box 1222
Jackson, NJ 08527

REFEREE VOUCHER

Please fill out the form *completely and legibly* to insure prompt payment. Provide completed form to the team coach who will submit the form for payment.

NAME: _____

S.S. # _____

ADDRESS _____

PHONE # _____

DATE of the GAMES you officiated: _____

NUMBER of GAMES you officiated: _____

Circle Team(s) officiated: Girls 5/6 Boys 5/6 Girls 7/8 Boys 7/8

I do solemnly declare and certify under penalties of the law that the written bill is correct in every way; that the services have been rendered as stated herein, that no bonus has been given or received by any person within the knowledge of the claimant in connection with this claim; that the amount stated herein is justly due and owing, and the amount charged is reasonable.

CLAIMANT'S SIGNATURE _____ DATE _____

SIGNATURE OF
COACH/SUPERVISOR _____

For Club use only: Check # _____ Amount \$ _____ Date Paid _____