

PACK 27 VOUCHER

Check One:

Reimbursement Request Payment

Deposit to Pack Account Credit Card Receipts

Date Needed: _____

Event/Committee: _____

Amount: \$ _____

Check Payable To: _____

Explanation: _____

Signature: _____

- | | | | |
|--------------------------|-------------------------|----------|-------|
| <input type="checkbox"/> | Send check to: | Name: | _____ |
| <input type="checkbox"/> | Hold check for pickup | Address: | _____ |
| <input type="checkbox"/> | Other - please specify: | | _____ |

Please submit all vouchers to Rob Vittori. Vouchers can be sent to Rob at 81 Vista Dr. Please contact Rob at (203) 926-0470 or vittori@snet.net if there are any questions.

For Treasurer's Use Only

Date Paid/deposited _____
Account Charged to _____

Check Number _____
Amount _____