

TOWNSHIP OF WASHINGTON PURCHASE ORDER REQUEST

DATE: _____

DEPARTMENT: P & R

ACCOUNT # T-12-56-860-000-811

ACCOUNT NAME: Lacrosse

DEPT. HEAD APPROVAL: _____

For Parks & Recreation Use
CHECK NUMBER _____
DATE PAID: _____

*Please sign and return to:
Washington Township Parks & Recreation
P.O. Box 1106
Turnersville, NJ 08012*

PAYABLE TO: (PLEASE PRINT)

NAME: _____

ADDRESS: _____

 _____ ZIP CODE: _____

DESCRIPTION/SERVICES RENDERED (PLEASE ITEMIZE)

Referee Fees for Lacrosse			
Date Refereed	Location	Age Group	Amount Due

Total Amount Due: _____

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars, that the articles have been furnished or services rendered as stated therein, that no bonus has been given or received by any person or persons with the knowledge of this claimant in connection with the above claim that the amount therein stated is justly due and owing and that the amount charged is a reasonable one.

Date _____ Signature _____ Position _____
 Print Name _____

Additional Income Individuals:

Social Security Number: _____

Department Head Approval For Payment: _____

Title: _____