**MORRISRUGBY**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*REQUEST FOR FUNDS \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**This requisition form must be used prior to purchasing or ordering, for approval of any purchase or expense over $200. Funds will be reimbursed only with a valid receipt from the vendor.**

**Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Requested: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*Has this been included in program budget? ( ) Yes ( ) No If not, how will it be funded?\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Upon Approval: How should we pay the bill?**

**( ) Reimburse Me ( ) Direct Pay by Check ( ) Direct Pay by Credit Card**

 **Only with valid receipt Provide invoice Provide Invoice**

**Send to: Rich Corney/Treasurer email:** **rcorney10@gmail.com** **cell#: 973-945-0595**

**Address: 27 S. Lakeside Ave., Lake Hopatcong, NJ 07849**

**For Internal Use:**

**Approval: ( ) Yes ( ) No Program Charged:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Treasurer’s Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**