



# MORRIS RUGBY

\*\*\*\*\***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: \_\_\_\_\_ Purpose of Request: \_\_\_\_\_

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  
Only with valid receipt & reimbursement request

( ) Direct Pay by Check  
Provide invoice

( ) Direct Pay by Credit Card  
Provide invoice

Send to: Rich Corney/Treasurer

Email: [rcorney10@gmail.com](mailto: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: \_\_\_\_\_