



VOUCHER
Athletics / Special Events

Name: _____

Address: _____

Phone: _____ Are you, or have you ever been, an employee of
Wayne Township Public Schools? YES NO

Event Date: _____ Wayne Hills Valley vs. _____

Sports: ___ Boys ___ Girls ___ Varsity ___ Jr. Varsity ___ Sophomore ___ Freshman

- FALL**
- ___ Cross Country
 - ___ Field Hockey
 - ___ Football
 - ___ Gymnastics
 - ___ Soccer
 - ___ Tennis - Girls
 - ___ Volleyball - Girls

- WINTER**
- ___ Basketball
 - ___ Bowling
 - ___ Fencing
 - ___ Ice Hockey
 - ___ Skiing
 - ___ Swimming
 - ___ Winter Track
 - ___ Wrestling

- SPRING**
- ___ Baseball
 - ___ Golf
 - ___ Lacrosse
 - ___ Softball
 - ___ Tennis - Boys
 - ___ Track & Field
 - ___ Volleyball - Boys

___ Other Activity/Comments: _____

CAPACITY:

- ___ Site in Charge/Tickets/Parking/Clock/Crowd Control/Track/Football Chains/Timers (one event) (\$65)
- ___ Site in Charge (Football/Tournaments (one event) (\$80/event)
- ___ Announcer (Football/Tournaments (one event) (\$90/event)
- ___ Tickets in Charge (one event) (\$75/event)
- ___ Site in Charge (2 games) (\$130/event)
- ___ Clock/Announcer (2 games) (\$125)
- ___ Crowd Control (2 games) (\$125/event)
- ___ Ice Hockey-Crowd Control (\$80/event)
- ___ Ice Hockey-Athletic Trainer (\$77/game)
- ___ CPR Training (\$275)
- ___ Doctor (\$200)
- ___ Official \$ _____
- ___ Policeman \$ _____
- ___ Other \$ _____

Claimant's Certification and Declaration (Must be signed for payment).

I declare that the services itemized on this voucher have been delivered or rendered; that no bonus has been given or received by any person or persons with the knowledge of the dependent; and that the above bill is true and correct.

Payee Signature Dated: _____

I certify that the above services have been received and approved for payment.

Athletic Director Dated: _____

For Athletic Office Use Only:

Vendor # _____

PO # _____

Check Amount \$ _____