



Barrens Soccer Club
P.O. Box 760
Stewartstown, PA 17363

VOUCHER FORM

Date of request: _____

Season: _____

Amount of refund requested: _____

Circle Area: Delta Fawn Stewartstown General

CHECK PAYABLE TO:

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Reason for refund:

- | | | | |
|--|---------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Office supplies | <input type="checkbox"/> Registration | <input type="checkbox"/> Equipment | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Field expense | <input type="checkbox"/> First Aid | <input type="checkbox"/> Insurance | <input type="checkbox"/> Other |

Explanation for refund (include team name if coach): _____

Receipt/Invoice Attached (Purchases must have receipt or will not be refunded).

Board member signature for authorization: _____

2nd board member signature for authorization: _____

-----**To be completed by Treasurer below**-----

Check issued: Check # _____ Date: _____ Treasurer: _____

Date hand delivered or mailed: _____ Delivered/mailed by: _____