



# THE MORRIS RUGBY ORGANIZATION

A TAX EXEMPT NEW JERSEY NON-PROFIT WORKING IN

SUPPORT OF AMATEUR ATHLETICS. INCORPORATED 1988

139 Old Changebridge Road, Montville, NJ 07045

## REQUEST FOR FUNDS

This requisition form must be used **PRIOR TO PURCHASE OR ORDERING**, for approval of any purchases or expenses over \$100.00. Funds will be **reimbursed ONLY with a valid receipt** from the vendor.

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

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Program:    ( ) Men                    ( ) U19 Girls            ( ) Youth Flag – town: \_\_\_\_\_  
                  ( ) Women                    ( ) U15                    ( ) U19 Boys            ( ) Other

Amount Requested: \$ \_\_\_\_\_ Planned Purchase Date: \_\_\_\_\_

*\*\*Has been included in Program Budget? ( ) Yes ( ) No      If no, how will it be funded? \_\_\_\_\_*

For Purchase of: \_\_\_\_\_ Quantity: \_\_\_\_\_

Purpose: \_\_\_\_\_

Vendor: \_\_\_\_\_

### UPON APPROVAL: How should we pay the bill?

( ) Reimburse me  
Only with Valid receipt

( ) Direct Pay-Check  
Provide Invoice

( ) Direct Pay-Debit Card  
Provide Invoice

Add'l Info: \_\_\_\_\_

**Please email or fax: Fax: 973-859-7818 Email: [apanascfp@yahoo.com](mailto:apanascfp@yahoo.com) Mail: 8 Alba Place, Parsippany, NJ 07054**

For Internal use:

Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Category: \_\_\_\_\_ Receipt Rec'd: \_\_\_\_\_ Paid date: \_\_\_\_\_ Check # \_\_\_\_\_