

**NORTH TONAWANDA ATHLETIC VOUCHER**

**MUST BE IN PEN OR WILL BE INVALID**

NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ SPORT & LEVEL \_\_\_\_\_

GAME – NT VS \_\_\_\_\_ DATE \_\_\_\_\_

START TIME \_\_\_\_\_ END TIME \_\_\_\_\_ TOTAL HOURS \_\_\_\_\_

**\*\*\*\*THE ABOVE START AND END TIME MUST BE COMPLETED FOR PAYMENT TO BE MADE\*\*\*\***



**CHECK SERVICE RENDERED**

- |  |                                     |                                     |                                       |
|--|-------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> ANNOUNCER     | <input type="checkbox"/> POLICE     | <input type="checkbox"/> SECURITY   | <input type="checkbox"/> TICKET TAKER |
| <input type="checkbox"/> CHAIN GANG    | <input type="checkbox"/> SCOREBOARD | <input type="checkbox"/> SUPERVISOR | <input type="checkbox"/> TIMER        |
| <input type="checkbox"/> SCOREBOOK     |                                     |                                     |                                       |
| <input type="checkbox"/> TICKET SELLER | <input type="checkbox"/> _____      |                                     |                                       |



**BUSINESS OFFICE USE ONLY**

APPROVED \_\_\_\_\_

RATE OF PAY \_\_\_\_\_

CODE 2855-400-01-0000

AUDIT OK \_\_\_\_\_

TOTAL \$ \_\_\_\_\_