

POLICE VOUCHER

THIS FORM MUST BE COMPLETE AND SIGNED FOR PAYMENT TO BE ISSUED

Name _____ SS# _____

Address _____

City _____ State _____ Zip _____

Boys Event _____

Girls Event _____

Date Of Game _____

Time In _____ Time Out _____

Number of hours worked _____ @ _____ Total Cost \$ _____

Signature _____

Athletic Director's Signature _____