



Invoice
EAST ISLIP SOCCER CLUB
 P O BOX 289
 EAST ISLIP, NY 11730

TRAINER NAME:
TRAINER ADDRESS:

THIS BOX OFFICE USE ONLY		VOUCHER # _____
DATE VOUCHER REC'D _____		
FUND APPROPRIATION	AMOUNT	
TOTAL \$		-
ENTERED ON ABSTRACT NO. _____		

Submitter Name: _____

Submitter Email: _____

Submitted Date	Trained Time (In Hours)	Dates Trained	Billing Detail (Include team name and age Group)	Training Rate	Charges
				\$	\$ -
				\$	\$ -
				\$	\$ -
				\$	\$ -
				\$	\$ -
				\$	\$ -
				\$	\$ -
				\$	\$ -
				\$	\$ -
				\$	\$ -

Subtotal	\$	-
Additional Expenses	\$	-
Total Training Expenses for Month	\$	-

CLAIMANT'S CERTIFICATION

I, _____, (COACH/MGR), CERTIFY THAT THE ABOVE ACCOUNT IN THE AMOUNT OF \$ _____ IS TRUE AND CORRECT; THAT THE ITEMS, SERVICES AND DISBURSEMENTS CHARGED WERE RENDERED TO OR FOR THE EAST ISLIP SOCCER CLUB ON THE THE DATES STATED; THAT NO PART HAS BEEN PAID OR SATISFIED; THAT TAXES FROM WHICH THE EAST ISLIP SOCCER CLUB IS EXEMPT, ARE NOT INCLUDED; AND THAT THE AMOUNT CLAIMED IS ACTUALLY DUE.

DATE

SIGNATURE

TITLE

(SPACE BELOW FOR EAST ISLIP SOCCER CLUB USE)

CLUB APPROVAL

THE ABOVE SERVICES OR MATERIALS WERE
RENDERED OR FURNISHED TO THE EAST
ISLIP SOCCER CLUB ON THE DATES
STATED AND THE CHARGES ARE CORRECT

DATE AUTHORIZED OFFICIAL

APPROVAL FOR PAYMENT

THIS CLAIM IS APPROVED AND ORDERED PAID
FROM THE APPROPRIATIONS INDICATED ABOVE



Invoice
EAST ISLIP SOCCER CLUB
 P O BOX 289
 EAST ISLIP, NY 11730

THIS BOX OFFICE USE ONLY VOUCHER # _____
 DATE VOUCHER REC'D _____

FUND APPROPRIATION	AMOUNT
TOTAL \$ -	

ENTERED ON ABSTRACT NO. _____

TRAINER NAME: Ronan Wiseman
TRAINER ADDRESS: 123 Main Street
 Anywhere, USA 12345

Submitter Name: John Doe
Submitter Email: johndoe@gmail.com

SAMPLE

Submitted Date	Trained Time (In Hours)	Dates Trained	Billing Detail (Include team name and age group)	Training Rate	Charges
10/20/2014	6	9/2,9/8,9/18,10/4,10/16,10/20	GIRLS U14 LIMITED	\$ 125.00	\$ 750.00
				\$ 125.00	\$ -
				\$ 125.00	\$ -
				\$ 125.00	\$ -
				\$ 125.00	\$ -
				\$ 125.00	\$ -
				\$ 125.00	\$ -
				\$ 125.00	\$ -
				\$ 125.00	\$ -

Subtotal \$ 750.00
 Additional Expenses \$ -
Total Training Expenses for Month \$ 750.00

CLAIMANT'S CERTIFICATION

I, John Doe, (COACH/MGR), CERTIFY THAT THE ABOVE ACCOUNT IN THE AMOUNT OF **\$750.00** IS TRUE AND CORRECT; THAT THE ITEMS, SERVICES AND DISBURSEMENTS CHARGED WERE RENDERED TO OR FOR THE EAST ISLIP SOCCER CLUB ON THE THE DATES STATED; THAT NO PART HAS BEEN PAID OR SATISFIED; THAT TAXES FROM WHICH THE EAST ISLIP SOCCER CLUB IS EXEMPT, ARE NOT INCLUDED; AND THAT THE AMOUNT CLAIMED IS ACTUALLY DUE.

DATE

SIGNATURE

TITLE

(SPACE BELOW FOR EAST ISLIP SOCCER CLUB USE)

CLUB APPROVAL

THE ABOVE SERVICES OR MATERIALS WERE
RENDERED OR FURNISHED TO THE EAST
ISLIP SOCCER CLUB ON THE DATES
STATED AND THE CHARGES ARE CORRECT

DATE AUTHORIZED OFFICIAL

APPROVAL FOR PAYMENT

THIS CLAIM IS APPROVED AND ORDERED PAID
FROM THE APPROPRIATIONS INDICATED ABOVE

