



HEREFORD ZONE RECREATION AND PARKS COUNCIL

CHECK REQUEST VOUCHER

TO THE ACCOUNTANT: **ISSUE CHECK** **TRANSFER** DATE:

TRANSFER OR PAYABLE TO:

ADDRESS:

PROGRAM TO BE CHARGED:

PURPOSE:

AMOUNT: \$

CHAIRPERSON INFORMATION AND AUTHORIZATION

NAME / PROGRAM:

ADDRESS:

PHONE:

SIGNATURE _____

(If electronically processed, check box for signature. By checking this box, you are stating that scanned documents are valid proof of payment and you understand that an original receipt may requested at any time)

You may:

Electronically mail to: Diana Wilson (HZRPC Accountant) @ dlw@mdwaccounting.com

or:

Mail via USPS to: Diana Wilson (HZRPC Accountant) P.O. Box 512 Parkton, MD 21120

Please include invoices/receipts. These can be scanned and sent electronically or hardcopies sent with this form.

For Accountant Use Only

Paid by check #:

Transfer recorded: