

Bergen County Historical Society

VOUCHER

Please fill in the following information for a prompt reimbursement and attach the original receipt and/or invoice.
Mail to: Bergen County Historical Society, PO Box 55, River Edge, NJ 07661

Please pay the following Vendor

Was this for a specific Event? If Yes,
which Event: _____

Date of Service: _____

Vendor Name: _____

Total Amount to be Paid: _____

Service provided: _____
(Please provide a brief description)

Address where reimbursement is
be sent (if not provided for on receipt) _____

Please reimbursement me for the
following item(s)

Was this for a specific Event? If Yes,
which Event: _____

Date of Purchase: _____

Item Purchased: _____

Total Amount to be Paid: _____

Item purchased/used for: _____
(Please provide a brief description)

Name and Address where
reimbursement is to be sent: _____

