

Sons of The American Legion



Date: _____

To: Department Adjutant
 Sons Of The American Legion
 Department of Washington
 PO Box 572
 Benton City, WA 99320

PLEASE PAY THE FOLLOWING CLAIMS:

To: _____
 Address: _____
 City, ST, Zip: _____

All receipts are attached hereto: The items listed below are chargeable to the following Accounts.

DATE	PURPOSE	ACCOUNT	AMOUNT
TOTAL			

The blocks below are for Detachment use only.

Payment requested by:

Account	Budget	To Date	Balance

SIGNATURE TITLE

DO NOT WRITE BELOW DEPARTMENT USE ONLY	
Voucher Number:	
Date:	
Check Number:	
Detachment Finance Officer's Approval:	
S.A.L. Finance Committee Approval:	
Dept. of WA Approval:	

Note: All payments must be approved by person(s) responsible for disbursement of funds as allowed by the Department Budget. (i.e. Commission Chairman) Otherwise, this form will be returned for proper approving authority. All signatures or initials must be on this form prior to disbursement of funds. Send only original invoices - no copies will be accepted. If unsure, please call the Department Adjunct for instruction. **ITEMS TO REIMBURSE = Hotel Expense, Air Expense, Mileage to and from at \$.XX per mile, etc...**