



The American Legion, Department of Washington



Travel voucher and request for payment

(Receipt or invoice must be attached)

FY 2016

Department

District

FROM: Cmt/Comm.

DATE: _____

Office/Committee/Commission Title

PURPOSE: _____

TRANSPORTATION

Beginning Balance \$

Date	From	To	Mode	Miles	Rate	Prk/Tolls	Total
1			<input type="checkbox"/> Auto				
2			<input type="checkbox"/> Bus				
3			<input type="checkbox"/> Air				
4			<input type="checkbox"/> Train				
5			<input type="checkbox"/> Public				
6			<input type="checkbox"/> Other				
9							

LIVING EXPENSES

Date	Location	Lodging (receipt)	Meals (per day)	Local Trans.	Other	Total
10						
11						
12						
13						
14						
15						

MISCELLANEOUS

Date	Detailed Description	Amount
16		
17		

Make Check Payable to: _____ TOTAL

Address: _____ Ending Balance \$ _____

Funds available under approved budget account no: _____

ONLY ONE ACCOUNT NO. PER VOUCHER PLEASE

I certify the above items are true and valid.

I certify this authorized budget usage.

Legionnaire submitting voucher

Applicable officer/chairman

This is to certify that the above usage of Dept. funds is authorized.

DEPARTMENT COMMANDER: _____ DATE: _____

DEPT. FINANCE OFFICER: _____ DATE: _____

Audited

(date) by