



# Sons of the American Legion, Detachment of Washington



Travel voucher and request for payment  
(Receipt or invoice must be attached)

FY 2018

FROM: Detachment   
Cmte/Comm.

DATE: \_\_\_\_\_

Office/Committee/Commission Title \_\_\_\_\_

### TRANSPORTATION

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				

### LIVING EXPENSES

Date	Location	Lodging (receipt)	Meals (per day)	Local Trans.	Other	Total
7						
8						
9						
10						
11						
12						

### MISCELLANEOUS

Date	Detailed Description	AMOUNT
13		
14		

Make Check Payable to: \_\_\_\_\_ **TOTAL**

Address: \_\_\_\_\_

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