



The American Legion, Department of Washington



Travel voucher and request for payment

(Receipt or invoice must be attached)

Department ☐

District ☐

Cmte/Comm. ☐

FY 2018

FROM: _____

DATE: _____

Office/Committee/Commission Title

PURPOSE: _____

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				
7							
8							
9							

LIVING EXPENSES

Date	Location	Lodging (receipt)	Meals (per day)	Local Trans.	Other	Total
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