



The American Legion, Department of Washington



Voucher and request for payment

(Receipt or invoice must be attached)

FY 2018

FROM: _____
Office/Committee/Commission Title

DATE: _____

DATE	DETAILED DESCRIPTION	AMOUNT
Make Check Payable to: _____		TOTAL
Mail To: _____		

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