



SONS of THE AMERICAN LEGION, DETACHEMNT OF WASHINGTON

TRAVEL VOUCHER AND REQUEST FOR PAYMENT

RECEIPT OR INVOICE MUST BE ATTACHED



DETACHMENT _____

FY 2025

FROM CMTE/COMM: _____

TRANSPORTATION						BEGINNING BALANCE	
DATE	FROM	TO	MODE	MILES	RATE	PRK/TOLL	TOTAL
1			<input type="checkbox"/> AUTO		\$0.40		
2			<input type="checkbox"/> AUTO		\$0.40		
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 (RECEIPTS)	MEALS	LOCAL TRANS.	OTHER	TOTAL	
7							
8							
MISCELLANEOUS							
							AMOUNT
9							
10							
11							
Make check payable to: _____						Pay this amount	

Address _____

City _____ State _____ Zip _____

FUNDS AVAILABLE UNDER APPROVED BUDGET ACCT NO: _____

ONLY ONE ACCOUNT NO. PER VOUCHER PLEASE

I CERTIFY THE ABOVE ITEMS ARE TRUE AND VALID

I CERTIFY THIS AUTHORIZED BUDGET USAGE

SAL SUBMITTING THE VOUCHER

APPLICABLE OFFICER/CHAIRMAN

APPLICABLE OFFICER/CHAIRMAN

THIS IS TO CERTIFY THAT THE ABOVE USAGE OF DETACHMENT FUNDS IS AUTHORIZED.

DEPARTMENT COMMANDER: _____

DATE: _____

DEPARTMENT FINANCE OFFICER: _____

DATE: _____