VOUCHER

Sons of The American Legion
DETACHMENT OF NEW YORK
1304 Park Boulevard Troy, NY 12180

***** NOTE: Forward your voucher directly to : myvoucherpayment@gmail.com

PAYEE: NAME: _____

ADDRESS: _____

_____

EMAIL ADDRESS _____ CELL PHONE # _____

DATE	DESCRIPTION	COMMITTEE	AMOUNT
	(Attach schedule if more space is required.)	**SUB TOTAL**	
	Reimbursement from National		
	Other (Specify)		
	NET AMOUNT TO BE PAID		

I hereby certify that the foregoing account is true to the best of my knowledge and belief.

_____ / _____
Signature Date

FOR DEPARTMENT / DETACHMENT USE ONLY

APPROVED BY:

BUDGET SUMMARY	AMOUNT
NET AMOUNT TO BE PAID	

_____
DEPARTMENT ADJUTANT DATE

_____
DETACHMENT ADJUTANT DATE

_____
DETACHMENT FINANCE OFFICER DATE

Date Received at Dept HQ_____