

# VOUCHER

## SONS OF THE AMERICAN LEGION DETACHMENT OF NEW YORK



PAYEE: NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

SAL Detachment Position Held \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone # \_\_\_\_\_

DATE	DESCRIPTION	COMMITTEE	AMOUNT	
	(Attach schedule if more space is required.)	<b>SUB TOTAL</b>	\$	
	Reimbursement from National			
	Other (Specify)			
	<b>NET AMOUNT TO BE PAID</b>		\$	

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