

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.)	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