



Sons of The American Legion, Detachment of Washington



Travel voucher and request for payment
(Receipt or invoice must be attached)

FY 2016

Detachment:

Date

FROM: Cmtc/Comm: _____

Office/Committee/Commission Title

TRANSPORTATION						Beginning Balance		
Date	From	To	Mode	Miles	Rate	Pkts/Folls	Total	
1			<input checked="" type="checkbox"/> Auto		0.35			
2			<input type="checkbox"/> Bus		0.35			
3			Air					
4			<input type="checkbox"/> Train					
5			<input type="checkbox"/> Public					
6			<input type="checkbox"/> Other					

LIVING EXPENSES							
Date	Location	Lodging (receipt)	Meals (per day)	Local Trans.	Other	Total	
7							
8							

MISCELLANEOUS		
Date	Detailed Description	AMOUNT
10		
11		
12		

Make Check Payable to:
Address:

Ending Balance

Pay This Amount -->

Funds available under approved budget account no:

-60

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: _____

DEPT. FINANCE OFFICER: _____ DATE: _____