

# SONS OF THE AMERICAN LEGION DETACHMENT OF MICHIGAN PAYMENT VOUCHER

PERIOD COVERED: FROM \_\_\_\_\_ TO \_\_\_\_\_

FINANCE OFFICER USE ONLY:		
ACCOUNT NUMBER	PAYMENT AMOUNT	
<b>TOTAL</b>		
TRANSFER		
FROM ACCT #	TO ACCT #	AMOUNT

## RECEIPTS REQUIRED

DATE	PURPOSE AND/OR DESTINATION	PER DIEM	MILES	@ \$.35	STAMPS	PHONE	AWARD MISC.	SUPPLIES	HOTEL	TOTAL

**PRINT CLEARLY:**

TITLE: \_\_\_\_\_

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

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

\_\_\_\_\_

I hereby certify that this voucher constitutes reimbursement for expenses incurred for Detachment business for which payment has not and will not be made by any other organization of the American Legion.

\_\_\_\_\_  
Your Signature

<b>THIS VOUCHER TOTAL</b>	
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**APPROVED FOR PAYMENT**

\_\_\_\_\_  
Detachment Finance Officer