Sons of The American Legion
Detachment of Florida
Expense Voucher

No monies will be paid to any Detachment Officer, District Commander, Commission or Committee or Committee Chairman without this form being completed and **supported** by paid receipts. Please state the purpose for the expense. This form will then be forwarded to the Department Finance Officer for payment.

Date: _____

Name _____ Office _____

Address _____ City _____

Zip Code _____

EXPENDITURES FOR:	***AMOUNT:***

I CERTIFY THAT I HAVE SPENT THE FOLLOWING AMOUNT FOR THE ABOVE LISTED PROGRAMS OF THE SONS OF THE AMERICAN LEGION.

MAIL TO: Ed Sheubrooks, Finance Officer
Sons of The American Legion
Detachment of Florida
800 S Brocksmith Rd
Fort Peirce, FL 34945

TOTAL _____

SIGNED _____

Alternately, you can complete this document, scan it and your receipts and email them to ***fishermn9@aol.com.***

_____

APPROVED | DISAPPROVED