

VOUCHER

Sons of The American Legion

DETACHMENT OF NEW YORK
1304 Park Boulevard Troy, NY 12180



***** NOTE: Forward your voucher directly to : myvoucherpayment@gmail.com

PAYEE: NAME: _____

ADDRESS: _____

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 _____

Date Received at Dept HQ _____