AMVETS DISTRICT 12
VOUCHER/REIMBURSEMENT FORM

To be used for Cash Advances and Reimbursements

Requester: _____

Account: _____

(VAVs, Scholarship, Conference, etc.)

Cash Advance/Reimbursement Amount: _____

Check Payable to: _____

Address: _____

_____

Cell Phone: _____

(To be completed by Finance Officer)

Request Received: _____

Date Paid: _____

Check Number: _____

DETAILS

Date	Item	Purpose	Quanity	Price
		Total		
		Less Cash Advance		
		Money Due District		
		Money Due Member		

Member Signature _____

Note: All vouchers must be accompained by receipts that specifically note the item(s) purchased. Expense vouchers must be remitted within 10 days following the event or purpose for which the expense is incurred.

Approved by: _____
Commander

Received by: _____
Finance Officer