PAYMENT REQUEST VOUCHER

CHECK NO.

PAYABLE TO

ACCOUNT

FUND

ſ

DATE OF CHECK



THE AMERICAN LEGION

DEPARTMENT OF

MASSACHUSETTS INC

FOR ACCOUNTING USE ONLY

APPROVALS

DEPT ADJ: TREASURER: COMMITTEE CHMN: OTHER:

ALL REQUESTS ARE TO BE ITEMIZED AND HAVE EITHER AN INVOICE OR RECEIPT

EXPENSES OF:	DATE:	AMOUNT
	TOTAL REQUESTED AMOU	NT
REMARKS:		

SUBMITTED BY: (SIGNATURE)

please print / type signature:

PLEASE NOTE:

All vouchers must be accompanied by receipts to receive a check from the Department.