The American Legion
Department of California
(415) 431-2400

Sons of The American Legion

Date: _____

To: Department Adjutant
The American Legion - Department of California
401 Van Ness Avenue, Room 117
San Francisco, California 94102-4510

PLEASE PAY THE FOLLOWING CLAIMS:

To: _____

Address: _____

City: _____

DATE	PURPOSE	ACCOUNT	AMOUNT
		TOTAL	

All receipts are attached hereto: The items listed above are chargeable to the following budget item:

Account	Budget	To Date	Balance

Note: All payments must be approved by person(s) responsible for disbursement of funds as allowed by the Department Budget. (i.e. Commission Chairman) Otherwise, this form will be returned for proper approving authority. All signatures or initials must be on this form prior to disbursement of funds. Send only original invoices - no copies will be accepted. If unsure, please call the Department Controller.

Payment requested by:

_____
SIGNATURE & TITLE

DO NOT WRITE BELOW DEPARTMENT USE ONLY	
Voucher Number:	
Date:	
Check Number:	
Detachment Finance Officer's Approval:	
S.A.L. Commission Chairman's Approval:	
Dept. of CA Approval:	