The American Legion
Department of California
(559) 875-8387

Sons of The American Legion

Date: _____

To: Department Adjutant
The American Legion - Department of California
1601 7th ST
Sanger, California 93657

PLEASE PAY THE FOLLOWING CLAIMS:

To: _____

Address: _____

City: _____

All receipts are attached hereto: The items listed below are chargeable to the following Accounts.

DATE	PURPOSE	ACCOUNT	AMOUNT
		TOTAL	

The block below is for Detachment use only.

Account	Budget	To Date	Balance

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:	

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. ITEMS TO REIMBURSE = Hotel Expense, Air Expense, Mileage to and from at $.35 per mile, etc...