

**NATIONAL TWENTY AND FOUR
THE HONOR SOCIETY OF WOMEN LEGIONNAIRES**



DISBURSEMENT / REIMBURSEMENT VOUCHER

TO: _____
Disbursing Director *Date*

| | |
|----------------------------|-------|
| FOR OFFICE USE ONLY | |
| VOUCHER NO | _____ |
| CHECK NO | _____ |
| CHECK DATE | _____ |

PAY TO:

_____ *PRINT NAME* *ECHELON NO.* *STATE*

_____ *MAILING ADDRESS*

_____ *CITY* *STATE* *ZIP CODE*

_____ *SIGNATURE*

| RECEIPT/INVOICE DATE | DESCRIPTION | AMOUNT |
|----------------------|-------------|--------|
| | | |
| TOTAL | | |

INSTRUCTIONS: ALL REQUESTS MUST HAVE RECEIPTS/INVOICES ATTACHED
 PREPARE A SEPARATE VOUCHER FOR EACH CHECK REQUESTED
 ALL RECEIPTS/INVOICES MUST BE FIRMLY ATTACHED

APPROVED: _____
DIRECTOR V.I.P. OR COMMITTEE NMI *DATE*

1ST COPY – DISBURSING DIRECTOR WITH ATTACHMENTS
 2ND COPY – RETAINED BY NATIONAL DIRECTOR V.I.P. OR COMMITTEE NMI
 3RD COPY – RETURNED WITH CHECK TO PAYEE