

**DEPARTMENT TREASURERS' INFORMATION
SUGGESTED VOUCHER FORM FOR DEPARTMENTS**

VFW AUXILIARY, DEPARTMENT OF _____

Voucher No. _____

Date _____

Payee:

(Vendor or Individual Name)

(Address)

(City, State and Zip Code)

ITEMIZE EXPENSES BELOW AND ATTACH INVOICES OR RECEIPTS

<u>ACCOUNT NO.</u>	<u>AMOUNT</u>	<u>PURPOSE</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
TOTAL	\$ _____	

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PRESIDENT AND TREASURER USE ONLY:

Date Approved _____ Approved By _____
(Department President's Signature)

Date Paid _____ Check No. _____ Amount \$ _____