

EXPENSE / DISBURSEMENT VOUCHER

NOTE: EXPENSE REPORT MUST BE SUBMITTED WITHIN TWO WEEKS OF EVENT DATE TO RECEIVE REIMBURSEMENT

NAME:				MBR #			
Address:							
City/State:		Zip Code:		State:			
ACTIVITY:		EVENT DATE:					
RECEIPT DTE	ITEM(S) REIMBURSMENT FOR	RECEIPT	AMOUNT		VENDOR		
	REINBURSEMENT TOTAL:						
SIGNATURE OF CLAIMANT: DATE SUBMITTED TO PAYMASTER							
REMARKS:							
	Approved By:				Check Date		
	Approved By:	Approved By: MCL Check #: Commandant & Paymaster or Sr. Vice Commandant Commandant					
	NOTE: ATTACH RECEIPTS + REIMBURSMENT AMOUNT MUST = RECEIPT AMOUNT						