



# JAMES M. SLAY DETACHMENT 329 EXPENSE REPORTING FORM



PO BOX 4561  
GLEN ALLEN VA 23058

- ( ) DONATION
- ( ) REIMBURSEMENT
- ( ) DISBURSEMENT

TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

**THIS FORM MUST BE FILLED OUT COMPLETELY AND ATTACH ALL RECEIPTS**

DATE	DESCRIPTION	AMOUNT
TOTAL:		

REASON / AUTHORIZATION FOR THIS EXPENSE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Person Making Request: \_\_\_\_\_

Detachment Officer ( ) Paymaster ( ) Other: \_\_\_\_\_

Person Authorizing This Expense: \_\_\_\_\_

Check # \_\_\_\_\_

Date Issued: \_\_\_\_\_