

# VOUCHER

Auxiliary to the VFW, Department of South Carolina

Voucher No. \_\_\_\_\_ Date: \_\_\_\_\_

Pay To: Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Itemize Expenses:	Amount	Purpose
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please attach receipts

Total \_\_\_\_\_

Mail Department Voucher to:

Sharen Peterson

3253 Kendallock Circle

Ladson, SC 29456

Treasurer's Use Only

Date Paid : \_\_\_\_\_

Check No.: \_\_\_\_\_

Amount Paid : \_\_\_\_\_

Please send in vouchers by no later than 10 days after event.