

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.