

# Veterans of Foreign Wars of the United States Department of Michigan

## VOUCHER

Payment Made to: _____ <div style="text-align: center; margin-top: 5px;">name</div> _____ <div style="text-align: center; margin-top: 5px;">Title</div> _____ <div style="text-align: center; margin-top: 5px;">address</div> _____ <div style="text-align: center; margin-top: 5px;">city/state/zip</div> _____	Date: _____  Voucher No. _____ <small>must be same as check #</small>
<b>NOTE: This voucher must be itemized</b>	

	AMOUNT		TOTAL	
<b>TOTAL:</b>				

**Signature**

voucher must be signed to receive payment

**ORIGINAL RECEIPTS MUST BE ATTACHED**

Approved for payment:

\_\_\_\_\_

Commander

\_\_\_\_\_

Adjutant/Quartermaster

**Mileage: .40 per mile**  
**Lodging: \$110.00 per night**