

**VFW AUXILIARY, DEPARTMENT OF KENTUCKY**

Voucher No. \_\_\_\_\_

Date \_\_\_\_\_

Payee:  
\_\_\_\_\_

(Vendor or Individual Name)  
\_\_\_\_\_

(Address)  
\_\_\_\_\_

(City, State and Zip Code)

**ITEMIZE EXPENSES BELOW AND ATTACH INVOICES OR RECEIPTS**

ACCOUNT NO.	AMOUNT	PURPOSE
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
<b>TOTAL</b>	<b>\$ _____</b>	

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**PRESIDENT AND TREASURER USE ONLY:**

Date Approved \_\_\_\_\_ Approved By \_\_\_\_\_  
(Department President's Signature)

Date Paid \_\_\_\_\_ Check No. \_\_\_\_\_ Amount \$ \_\_\_\_\_