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
_____	$ _____	_____
_____	$ _____	_____
_____	$ _____	_____
_____	$ _____	_____
_____	$ _____	_____
_____	$ _____	_____
_____	$ _____	_____
_____	$ _____	_____
	TOTAL $ _____	

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PRESIDENT AND TREASURER USE ONLY:

Date Approved _____ Approved By _____

(Department President's Signature)

Date Paid _____ Check No. _____ Amount $ _____