

EXPENSE VOUCHER

Submit To Detachment Paymaster

Lt Alexander Bonnyman Det # 924
MARINE CORPS LEAGUE
P O Box # 53293
Knoxville, TN 37950-3293

Date _____

AMOUNT OF REQUEST _____

Member / Committee Requesting Funds _____

Date _____ Amount _____ Description _____

Address _____

Date _____ Amount _____ Description _____

City _____ State _____ Zip _____

Date _____ Amount _____ Description _____

Email Address _____

Date _____ Amount _____ Description _____

Signature _____ Date _____

Date _____ Amount _____ Description _____

Date Submitted _____

TOTAL _____ Must agree with AMOUNT OF REQUEST above

ALL INVOICES / RECEIPTS MUST BE ATTACHED

Make Check Payable To: _____

Address _____ City _____ State _____ Zip _____

(If Different From Above)

===== PAYMASTER USE ONLY =====

Received Date _____ Processed date _____ Check # _____ Check Amount _____

Number / Class / Description _____ Number / Line Item / Description _____ Amount _____

Number / Class / Description _____ Number / Line Item / Description _____ Amount _____

Number / Class / Description _____ Number / Line Item / Description _____ Amount _____

Number / Class / Description _____ Number / Line Item / Description _____ Amount _____

Number / Class / Description _____ Number / Line Item / Description _____ Amount _____

Check Mailed Date _____ Check Delivered Date _____ TOTAL _____

Paymaster Signature _____ Date _____