



DISABLED AMERICAN VETERANS PATRICK HENRY CHAPTER #34
POST OFFICE BOX 372, NORGE, VIRGINIA 23127
757-564-3916

Expense Voucher

Date: ___/___/___

To: Adjutant, Chapter #34

From: _____

Address: _____

Subject: Request for Reimbursement of Expenses

I request reimbursement for the expenditures listed below and on the reverse, which have been incurred by me in the performance of my duties. The expenditures are outlined in the annual budget, by-laws or by direction of the Executive Committee.

OFFICE EXPENSE: Supplies \$ _____
Postage \$ _____
Other \$ _____
TOTAL \$ _____ = \$ _____

DSO/CSO OFFICER'S EXPENSES: \$ _____ = \$ _____

WELFARE AND RELIEF FOR: \$ _____ = \$ _____

DAV Member's Name: _____

Address: _____

OTHERS IN NEED: \$ _____ = \$ _____

TOTAL EXPENSES: \$ _____

Approved: [] Disapproved: [] Explanation: _____

By: Adjutant/Commander: _____ Date: _____

From: Treasurer, _____ Date: _____

To: Adjutant _____

Forwarded herewith is: Check Date _____ Check# _____ Amount \$ _____

Treasurer's Signature: _____

OFFICE SUPPLIES EXPENSES (pens/paper/files/envelopes)

DATE	ITEM/USE	COST	QUANTITY	TOTAL COST
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
GRAND TOTAL				\$

POSTAGE EXPENSES:

DATE	ITEM/USE	COST	QUANTITY	TOTAL COST
		\$		\$
		\$		\$
		\$		\$
GRAND TOTAL				\$

**OTHER OFFICE EXPENSES
(awards/hats/pamphlets/pins/equipment/furniture/plaques/frames/misc)**

DATE	ITEM/USE	COST	QUANTITY	TOTAL COST
		\$		\$
		\$		\$
		\$		\$
		\$		\$
GRAND TOTAL				\$

**CHAPTER FUNCTIONS EXPENSES
(Patient Luncheons/Charter night/Induction event/Golden Corral Fund Raiser/Forget-me-not)**

DATE	ITEM/USE	COST	QUANTITY	TOTAL COST
		\$		\$
		\$		\$
		\$		\$
		\$		\$
GRAND TOTAL				\$

DSO/CSO EXPENSES

DATE	ITEM/USE	COST	QUANTITY	TOTAL COST
		\$		\$
		\$		\$
		\$		\$
		\$		\$
GRAND TOTAL				\$

WELFARE AND RELIEF EXPENSES

DATE	ITEM/USE	COST	QUANTITY	TOTAL COST
		\$		\$
		\$		\$
		\$		\$
GRAND TOTAL				\$

MISC

DATE	ITEM/USE	COST	QUANTITY	TOTAL COST
		\$		\$
		\$		\$
		\$		\$
GRAND TOTAL				\$