

**MARINE CORPS LEAGUE
DEPARTMENT OF FLORIDA, INC
REIMBURSEMENT VOUCHER**

Date

Name of person requesting payment:

Office: (Sr. Vice Cmdt etc.)

Opening Bal:

EXPENSE ITEM	Amount	Explanation	Totals
**Travel (mileage @ \$.25 per/mile):	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
* Lodging	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Postage	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Telephone	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Supplies	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Copy Service	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
TOTAL	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Check # and Date Voucher

Budget Remaining

** Travel reimbursement requests must be accompanied by: Date and destination of travel. If additional space is needed, attach a separate page to this voucher.

I certify that the expenses shown are proper in the official duties of my office in the Department of Florida, Marine Corps League.

Signature (Requesting Officer)

Instructions: Paymaster will assign a budget line, prepare and mail reimbursement check. Please attach. All requests for reimbursement should be submitted within forty-five (45) days of incurring expenses.