

# EXPENSE VOUCHER

revised 1/30/2019

**Submit To Detachment Paymaster With All Receipts**

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

Date \_\_\_\_\_  
MM/DD/YYYY

Member / Committee Requesting Funds

Member and/or Committee Name

Address

AMOUNT OF REQUEST \$ \_\_\_\_\_  
TOTAL

City

State

Zip + 4

Phone Number  
Ex: (865) 123-1234

Email Address

SIGNATURE

Purchase Date \$ \_\_\_\_\_  
Amount

Description / Purpose

Invoice or  
Receipt Attached Yes ( ) No ( )

Purchase Date \$ \_\_\_\_\_  
Amount

Description / Purpose

Invoice or  
Receipt Attached Yes ( ) No ( )

Purchase Date \$ \_\_\_\_\_  
Amount

Description / Purpose

Invoice or  
Receipt Attached Yes ( ) No ( )

..... u u ° O \$ \_\_\_\_\_

Make Check Payable To: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(If Different Than Above)

## PAYMASTER USE ONLY

Received Date \_\_\_\_\_ Processed Date \_\_\_\_\_ Check # \_\_\_\_\_ Amount Paid Out \$ \_\_\_\_\_

Number & Class Description Line Item & Description \$ \_\_\_\_\_  
Amount

Number & Class Description Line Item & Description \$ \_\_\_\_\_  
Amount

Number & Class Description Line Item & Description \$ \_\_\_\_\_  
Amount

Check Mailed Date \_\_\_\_\_ Check Delivered date \_\_\_\_\_ \$ \_\_\_\_\_  
TOTAL Amount