

Department of Nevada Auxiliary Voucher Instructions

Please read and follow the instructions below to properly fill out a Voucher for reimbursement of Budgeted or Non Budgeted Funds that have been pre-approved by the Council of Administration.

- Print Vouchers from the Website www.vfwdeptnvaux.com
- **DO Not Add A Voucher Number** - The Treasurer will do this.
- 1. Print Your Name on the first line.
- 2. Print the Date you are filling out the Voucher.
- 3. List the Event and your Position Held in the Auxiliary.
- 4. Expenses: List individually and in detail. Attach all receipts for the event or meeting you attended.
 - The COA is the only Meeting that the Voucher will be used as your receipt.
 - You must have receipts for all expenses attached to the voucher.
 - Please see pg.83 813C Funds - Disbursement of - if you have questions.
- 5. Total the amount for your reimbursement as approved by the Budget.
- 8. Sign the Voucher.
- 9. Please present the Voucher to the Treasurer after the Meeting, email the Voucher and receipts (after scanning), or send via snail mail including receipts to Suzan Aguiar. 5830 Alfano Ave. Pahrump, NV 89061. deptnvtreasurer@gmail.com
- 10. The Treasurer & President will Sign the Voucher for your reimbursement.
- 11. The Trustees will sign each Voucher at the Audit (Just so everyone can see where the funds are going).
- 12. The amount paid, check number and date will be written on the voucher by the Treasurer so she is ready for Audit.

Number _____

Department of Nevada Auxiliary Voucher

Name: _____ 1. **Print Your Name Here** _____ Date: 2. _____

Dept. Position Held: 3. **COA Member & Position** _____

Expenses: 4. (List and attach all receipts or you will not be reimbursed)

5. Attendance at COA Meeting # 2 at Mid Winter 2023	6. \$ 75.00
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Total Expenses: \$ 7. **75.00** _____

Total Reimbursements: \$ _____

8. _____

Signature for Reimbursement

Treasurer Signature

Dept. President Signature

Trustee # 1 _____ Date _____

Trustee # 2 _____ Date _____

Trustee # 3 _____ Date _____

Expenses Paid \$ _____ CK # _____ Date _____

Number _____

Department of Nevada Auxiliary Voucher

Name: _____ 1. **Print Your Name Here** _____ Date: 2. _____

Dept. Position Held: __3. Dept. President Sample **OR** Anyone with a budget for travel__

Expenses: 4. (List and attach all receipts or you will not be reimbursed)

5. Casablanca Hotel Receipt three nights	6. \$ 179.23
Dinner 6/15/22 at The Chicago Greek	\$ 12.98
Breakfast 6/16/22 at the Casablanca Cafe	\$ 17.22
Gas Las Vegas to Mesquite	\$ 42.51
Lunch 6/16/22 at McDonalds	\$ 12.36
Gas Mesquite to Las Vegas	\$ 41.68
	\$
	\$
	\$

Total Expenses: \$ 7. 305.98 _____

Total Reimbursements: \$ _____

8. _____

Signature for Reimbursement

Treasurer Signature

Dept. President Signature

Trustee # 1 _____ Date _____

Trustee # 2 _____ Date _____

Trustee # 3 _____ Date _____

Expenses Paid \$ _____ CK # _____ Date _____