



Marine Corps League Jacksonville Detachment 059 Reimbursement Voucher

Date:

Name of person requesting payment:

Detachment Office / Position:

Expense Item (check box)

- Beverage
- Food
- Printing Services
- Postage
- Roses
- Banking
- Website
- MCL
- Stationary
- Other

Description:

# of Items	Unit Price	Total Amount	Total Amount Requested
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Reimbursement request require a receipt for all items listed above to be attached and made a part hereof.

** Requests for reimbursement need to be submitted to the Detachment Paymaster within **forty five (45) days** of incurring expenses..

***I certify that the expenses shown are proper in the official duties of my office/position in the Marine Corps League, Jacksonville Detachment 059.

Paymaster's Use

Check #

Check Date

Amount

Approved by:

*** Signature of Requesting Person

_____/_____
Signature of Detachment Paymaster / Commandant
Date: _____

Instructions: Paymaster will retain the original form and will forward a copy to the Detachment Commandant. Paymaster will issue approved reimbursement check.