



Marine Corps League Jacksonville Detachment 059 Financial Assistance Voucher

Date:

Please read the following before submitting your request.

Thank you for this opportunity to provide assistance. Our Detachment receives a number of requests each year and unfortunately we are not in a financial position to grant all requests. To assist us in reviewing and evaluating your request, we need you to provide the requested information on this form. Receipt of your request does not constitute approval and you may be asked to provide additional information such as a copy of your DD 214. You are welcome to follow up with us on the status of your request by telephone or email. (904-274-6333) mailto:cmdt@mcljacksonville.org

Full name of person requesting assistance:

Complete Mailing Address

Home Telephone Number

Mobile Telephone Number

Email Address

Please check

- | | | |
|--|---|---|
| <input type="checkbox"/> USMC Active | <input type="checkbox"/> USMC Veteran | <input type="checkbox"/> USMC Retired |
| <input type="checkbox"/> FMF Corpsman Active | <input type="checkbox"/> FMF Corpsman Veteran | <input type="checkbox"/> FMF Corpsman Retired |
| <input type="checkbox"/> FMF Chaplain Active | <input type="checkbox"/> FMF Chaplain Veteran | <input type="checkbox"/> FMF Chaplain Retired |
| <input type="checkbox"/> Family member (provide service member's name, service and your relationship.) | | |

Description of how we can provide assistance:

For Detachment Use Only

Check #

Check Date

Amount

Attach is an additional information sheet.

I certify that the requested financial assistance shown is true and proper.

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 assistance check.