

Veterans of Foreign Wars of the United States



Department of Georgia
PO Box 3025
Macon, Georgia 31205-3025
Fax (478) 474-6853

Date _____ 20____
 Voucher No. _____
 Must be same as check number.

Payment Made to

VOUCHER

Note: This Voucher Must Be Itemized in Detail and Invoices Attached.

| ITEM | AMOUNT |
|---|--------------|
| Travel From _____ | |
| To _____ And Return | |
| TOTAL MILES _____ X _____ ¢ = | |
| Lodging (_____ nights @ \$ _____ . _____) | |
| | |
| PURPOSE: | |
| | |
| | |
| | |
| SIGNATURE: | TOTAL |

Approved For Payment

Amount Paid, \$ _____
 Quatermaster

Notify Adjutant of any change or correction.

Please Use A Type Writer If Possible