



**Marine Corps League  
Department of Florida, Inc.  
Reimbursement Voucher**



Date

Name of person requesting payment:

Office: (Sr. Vice Cmdt etc.)

Opening Bal:

EXPENSE ITEM	Explanation	Totals
**Travel (mileage @ \$.25 per/mile):		
* Lodging		
Postage		
Telephone		
Supplies		
Copy Service		
Other		
TOTAL		

Voucher

\*\* Travel reimbursement requests must be accompanied by: Date and destination of travel. If additional space is needed, attach a separate page to this voucher.

Check # and Date  
Remaining

I certify that the expenses shown are proper and in the official duties of my office in the Department of Florida, Marine Corps League.

\_\_\_\_\_  
Signature (Requesting Officer)

**Instructions:**

**Scan all forms and receipts. Send signed files to the Department Commandant (cc: Department Paymaster) for approval and processing.**

**Paymaster will assign a budget line, prepare and mail reimbursement check. Please attach All requests for reimbursement should be submitted within forty-five (45) days of incurring expenses.**