**Deschutes VFW POST 4108**

**P.O. BOX 1685**

**Redmond, OR 97756**

**AUTHORIZATION FOR DISBURSEMENT VOUCHER**

**Fill in Requestor area and turn document in to the Post Adjutant for further processing. Attach all supporting documentation i.e., receipts, etc. This Disbursement Voucher is valid for 30 days from date of check issuance by the Post Quartermaster. Any circumstance requiring extension of the 30 day period must be authorized with the expressed authorization of the Post Quartermaster.**

***Requestor Section*** ============================================

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AMOUNT Requested \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMMITTEE AND/OR OFFICE TO BE CHARGED OR CREDITED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMMITTEE CHAIR CERTIFICATION: IN BUDGET \_\_\_\_\_\_\_ EXCEEDS BUDGET \_\_\_\_\_\_\_\_

PAYMENT IS FOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check Payee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUBMITTED TO ADJUTANT BY: (PRINTED NAME) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Commander Section*** ==========================================

POST COMMANDER AUTHORIZATION FOR PAYMENT ON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Commander Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Quartermaster Section*** ================================================

DISBURSES PAYMENT ON: (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

QUARTERMASTER Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

METHOD OF PAYMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_ CHECK NR: \_\_\_\_\_\_\_\_\_\_VOUCHER # \_\_\_\_\_\_\_\_\_\_\_\_\_

**Voucher number to match check number issued**