Marine Corps League of Pennsylvania
Expense Voucher

Reset Form | Print

Name:

Office/Position:

Mailing address:

Instructions:
For use by all Officers and Staff of the Department.
Mileage - Round up to the nearest mile; 10ths not necessary.
Other - Specify type of expense in the Remarks section below.
Receipts - Required for items normally issuing receipts; copies OK.
Approval - Send to Department Paymaster after completion.

Date(s)	Activity - location	Parking	Personal Vehicle Miles	Calculated Mileage ($.24 / mi.)	Tolls	Lodging	Postage	Other	TOTALS
Totals:									

Grand Total:

Signature of Claimaint: _____

Remarks:

Date: _____

Approved By: _____

Date: _____

FORWARD TO DEPARTMENT PAYMASTER WHEN COMPLETE.

Revised 09/13/2024