



THE AMERICAN LEGION  
 NASSAU COUNTY  
 COMMITTEE  
 EXPENSE VOUCHER



DATE: \_\_\_\_\_

COMMITTEE: \_\_\_\_\_

DESCRIPTION OF ITEM OR SERVICE PURCHASED:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

AMOUNT REQUESTED: \$ \_\_\_\_\_

CHECK TO BE RECEIVED BY: \_\_\_\_\_

CHECK ISSUED BY: \_\_\_\_\_  
 COUNTY TREASURER

APPROVED FOR PAYMENT BY: \_\_\_\_\_  
 COUNTY COMMANDER

CHECK #: \_\_\_\_\_

**ALL RECEIPTS MUST BE ATTACHED  
 BEFORE CHECK WILL BE ISSUED**