

American Legion Auxiliary
Department of Florida
PO Box 547917
Orlando, Fl. 32854-7917

Allowance Voucher for Fiscal Year _____

Date _____

Department Officer/Chairmanship _____

	Expenses/Awards
Budgeted Amount	\$ _____
Expended Year to Date	\$ _____
Balance	\$ _____
Current amount Requested	\$ _____

Please attach original receipts

Signature _____

Notes (if any) _____
