

Flotilla Reimbursement Voucher

Date	<input type="text"/>	FSO Requesting	<input type="text"/>		
Amount to Reimburse	<input type="text"/>	Receipt Attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Make check out to:	<input type="text"/>				
Address (if to be mailed)	<input type="text"/>				
Description of Expense	<input type="text"/>				
Purchased from:	<input type="text"/>				
Account to Charge	<input type="text"/>		Approved By	<input type="text"/>	
Check Number	Check Date	Budget	Chk. Amt	Diff.	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

INSTRUCTIONS:

Prior to the generation of a check on the Flotilla account, this voucher must be completed (non-shaded areas) by the Staff Officer or member requesting reimbursement from Flotilla funds. Print this form and submit it along with any receipts to the Flotilla Commander for review / approval.