



Sons of The American Legion
Detachment of Colorado
7465 East 1st Ave Denver, CO 80230
INVOICE

Submitted by (printed name) _____ Date _____

This Invoice is for: Expenses already incurred: _____ Future Expenses : _____
(Attach receipt) (Attach estimate or quote if applicable)

What is the amount being requested? _____

Is this invoice for travel? Yes _____ No _____

Is this invoice for an authorized purchase?

Yes _____ No _____ (other budgeted items)

If yes, describe the nature of and purpose the purchase
(print legibly, attach additional page is necessary):

If invoice is for travel, attach gas, meal and lodging receipts as applicable. To be reimbursable, travel expenses must comply with the Detachment Finance Policy and/or the approved Detachment Budget.

Describe nature and purpose of travel to include; date(s), from and to cities and/or locations. (print legibly, attach additional page if needed):

If invoice is for other than a purchase, i.e. donation, advance of planned expenditures for events or other services, describe below
(print legibly attach additional sheet if necessary):

To whom shat the payment/reimbursement be made payable to? _____

Where should the payment be mailed to? _____

I attest that this request for reimbursement or disbursement of funds are true and accurate and are legitimate and authorized by the Detachment Finance Policy or by the approved Detachment Budget:

Signature of Submitter