



FULFILLING OUR PROMISES
TO THE MEN AND WOMEN WHO SERVED



DISABLED AMERICAN VETERANS
Department of Massachusetts

Room 546, State House, Boston, Massachusetts 02133-1042
Telephone: (617) 727-2974
Fax: (617) 742-9843

EXPENSE VOUCHER

Attach Receipts to Blank Paper

NOTE: All Requests must be turned in *within 45 days* of the expense.

Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

Beginning Date: _____ Ending Date: _____

<i>Date</i>	<i>Purpose of Expense</i>	<i>Totals</i>
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
<i>Grand Total</i>		=====

Signature

Date

DEPARTMENT USE ONLY

Approved - Adjutant

Date