

## Col. Phillip C. Delong Det. #1267

### Operating Fund Reimbursement Voucher

(Must Print Legible)

Date: \_\_\_\_\_

Submitted By: \_\_\_\_\_

Item Description:

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Justification for acquiring this item:

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Total Cost \$ \_\_\_\_\_

Documentation Attached (Legible Receipt)

### Reimbursement Action

\$200.00 or less: Approved by the Commandant: \_\_\_\_\_ (CMDT Signature)

\$200.00 to \$500.00 Approved by the BOT: \_\_\_\_\_ (CMDT Signature)

\$500.00 + Approved by the Membership: \_\_\_\_\_ (CMDT Signature)

Approved Date: \_\_\_\_\_

Denied Date: \_\_\_\_\_

Reason for the Denial:

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### Paymaster's Action

Check Number: \_\_\_\_\_ Date: \_\_\_\_\_

This Check is drawn against  Detachment Operating Fund an other Detachment fund (Please Document the fund):

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