

**Col. Phillip C. Delong Det. #1267**  
**Operating Fund Reimbursement Voucher**

(Must Print Legible)

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

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

Item Description:

\_\_\_\_\_  
\_\_\_\_\_

Justification for acquiring this item:

\_\_\_\_\_  
\_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Paymaster's Action**

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

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

\_\_\_\_\_