

Disabled American Veterans Auxiliary
Warrant / Voucher / Check Request

Date _____

Amount _____

Payable to:

For _____

_____ 20 _____
(Must Agree with Check # Issued)

The Treasurer of: _____
State Department or Unit & Number (whichever is applicable)

Shall Issue Check To: _____

In The Amount Of: _____

For: _____

Commander Adjutant/Finance Chairman

Must be signed by Adjutant/Finance Chairman and co-signed by the Commander.

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