

# VFW Ohio Charities Expense Voucher

**Agent** \_\_\_\_\_ VFW POST # \_\_\_\_\_  
 \_\_\_\_\_  
**Address** \_\_\_\_\_  
 \_\_\_\_\_  
**City, State Zip** \_\_\_\_\_  
**Phone** \_\_\_\_\_  
**Fax** \_\_\_\_\_  
**Federal EIN** \_\_\_\_\_

Treasurer use only _____
Account Number _____
Account Number _____
Account Number _____
Check Number _____

**Pay To** \_\_\_\_\_  
 \_\_\_\_\_  
**Address** \_\_\_\_\_  
 \_\_\_\_\_  
**City, State Zip** \_\_\_\_\_  
**Phone** \_\_\_\_\_  
**Fax** \_\_\_\_\_  
**Federal Ein** \_\_\_\_\_

**VFW Ohio Charities**  
**35 E. Chestnut St.**  
**Suite 407**  
**Columbus, OH 43215**  
**Ph: (614) 222-1611**  
**Fax (614) 222-1602**

**Event** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date	Description	Amount
<b>TOTAL</b>		

**Approved By** \_\_\_\_\_  
 \_\_\_\_\_  
**Title** \_\_\_\_\_  
 \_\_\_\_\_  
**Date Approved** \_\_\_\_\_