



## Department of Arizona Marine Corps League Paymaster Warrant

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

Member Name (Print): \_\_\_\_\_

Member Signature: \_\_\_\_\_

Member's Email: \_\_\_\_\_ Telephone \_\_\_\_\_

Expense Amount: \_\_\_\_\_ Is this a donation? Yes \_\_\_\_\_ No \_\_\_\_\_

Description of Expense (attach copies of receipts)

\_\_\_\_\_

\_\_\_\_\_

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Make Check Payable to:

Name or Company: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Invoice #: \_\_\_\_\_

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

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

Reason for Disapproval: \_\_\_\_\_

Officer Signatures: \_\_\_\_\_

\_\_\_\_\_

(Upon completion, submit warrant and receipts to the Dept. Paymaster)