

JOHN E. JACOBS

AMERICAN LEGION POST 68

**FUNDS REIMBURSEMENT REQUEST or DEPOSIT
REQUEST**

REQUESTER: _____ Date: _____

(SIGNATURE)

MAKE PAYABLE TO: _____ or DEPOSIT _____

AMOUNT: _____

METHOD OF PAYMENT: CHECK #: _____

ELECTRONIC TRANSFER: VIA ZELLE

IF REQUIRED, ADDRESS CHECK TO BE MAILED TO:

STREET	CITY	STATE	ZIP
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PURPOSE: (IF APPLICABLE, please attach receipt/invoice)

APPROVALS

COMMANDER: _____

FINANCE OFFICER: _____

ADJUTANT: _____

FOR FINANCE OFFICER USE

CHECK NUMBER(s): _____

DATE CHECK(s) ISSUED: _____

BUDGET LINE ITEM: _____

INSTRUCTIONS: Complete as thoroughly as possible. Form must be signed by Commander or accompanied by approved email. (V1.4, as of 1 March 2023)