



VOUCHER

Southern California Jurisdiction Order of DeMolay

Date: _____

Payable to: _____

Mailing Address: _____

Phone: _____

Description: (Invoice, Bill or Receipt to be attached)	Amount
Total Amount	

Approved By EO: _____ On _____
(Date)

Approved By Sr. Staff Member: _____ On _____
(Date)

Processed by Treasurer: _____

Check No: _____ Date Paid: _____

Confirmation No: _____