



**AMERICAN LEGION
FIRST DIVISION
COOK COUNTY COUNCIL
AUTHORIZATION FOR PAYMENT**

Voucher number _____

Date: _____

Check Number: _____

Budget Control Number: _____

NAME _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

In account with The American Legion, First Division.

<u>TYPE OF EXPENDITURE</u>	<u>AMOUNT</u>
<u>CHARGE BUDGET ITEM (S)</u>	\$
<u>BUDGET BALANCE</u>	

APPROVED FOR PAYMENT

DIVISION COMMANDER

_____ CHAIRMAN _____

DIVISION COMMITTEE _____

_____ CHAIRMAN, FINANCE COMMITTEE