



Illinois State Organization of the Daughters of the American Revolution
VOUCHER FOR PAYMENT BY ILLINOIS DAR STATE TREASURER

NO. _____

DATE _____ / _____ / _____
Mo. Day Year

The State Treasurer will pay

\$ _____

_____ Dollars

TO: _____
Name

_____ Address City State Zip

1. Purpose for Expenditure:

2. Fund to be debited: _____

3. Attach receipts and/or invoices.

Signature _____

APPROVED

By Motion _____

State Regent _____

By Other _____

State Recording Secretary

Check Date _____

Check Number _____