



OFFICE SUPPLIES EXPENSE VOUCHER

NAME _____

ADDRESS _____ CITY _____ ZIP _____

US POSTAGE STAMPS \$ _____

OFFICE SUPPLIES \$ _____

TOTAL \$ _____

SIGN AND ATTACH RECEIPTS

This is to verify that this expense voucher, submitted by the undersigned to DAV Department of Texas Headquarters and thereafter reimbursed by DAV Department of Texas Headquarters (or in the case of cash advance, accounted for) was not reimbursed by any chapter or person and these supplies were/will be expended and only for use in my duties as a member of the DAV Department of Texas Service Commission staff.

SUBMITTED BY TITLE DATE

APPROVED BY TITLE DATE

This Section for DSO Use Only – DSO Expenses Require Additional Signature of Supervisor

APPROVED BY TITLE DATE