

**MILITARY ORDER OF THE PURPLE HEART
DEPARTMENT OF CALIFORNIA**

WARRANT

W-2011 _____
SWR-2011 _____

REQUEST FOR REIMBURSEMENT

Chapter or Individual Request (Circle one)

AMOUNT \$ _____

CHAPTER/INDIVIDUAL _____ CHAPTER _____

If this is Chapter request use Chapter address below

ADDRESS _____

CITY _____ STATE CA ZIP _____

REASON FOR REIMBURSEMENT (RECEIPTS MUST BE ATTACHED)

_____ \$ _____

_____ \$ _____

I CERTIFY THERE IS NO DUPLICATION OF REQUESTED PAYMENT & ATTACHED RECEIPTS
HEREWITH:

REQUESTOR SIGNATURE: _____ DATE: _____

WELFARE OFFICER APPROVAL: _____ DATE: _____

(if not a SWR request, no signature required)

_____ DATE: _____

APPROVED BY DAVID JACKSON, ADJUTANT DEPT. OF CALIF.

_____ DATE: _____

APPROVED BY GARY RUTLEDGE, COMMMANDER DEPT. OF CALIF.

WARRANT MUST BE SUBMITTED TO DEPARTMENT ADJUTANT WITHIN 30 DAYS OF EVENT. ONLY NEW WARRANTS WILL
BE ACCEPTED. ALL OLDER WARRANTS WILL BE RETURNED

WARRANT AUTHORITY TO FINANCE OFFICER:

TO FINANCE OFFICER, PLEASE PAY REQUESTED REIMBURSEMENT:

APPROVAL AND DISBURSEMENT FROM THE GF- _____ SWR- _____

CHECK# _____

POSTING ACCT. (S)# _____ # _____

_____ DATE: _____

EXECUTED BY JAMES ANDERSON, FINANCE OFFICER DEPT. OF CALIF.