

# Requisition on Veteran's Assistance Fund

To the Board of County Commissioners of Whitman County, Washington:

WHEREAS the relief committee heretofore appointed of the American Legion Post No.\_\_\_\_, located at \_\_\_\_\_, Washington, recommends that the following be paid from the Veteran's Assistance Fund in accordance with Chapter 73.08 of the Revised Code of Washington:

PAY TO: (Vendor)	_____	_____
	PRINTED NAME	AMOUNT
	_____	_____
	_____	VENDOR #
	_____	(WHITMAN COUNTY
	_____	AUDITOR WILL FILL IN)
	_____	
	ADDRESS	
	_____	
	FOR (Name of Veteran if different than the vendor)	

BARS CODE: **108.060.000 565.20.4100** Date of Request \_\_\_\_\_

SHORT DESCRIPTION:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

 Please Do Not write, or attach any document that reveals, the Veteran's Social Security Number on this form

Therefore, In accordance with the laws of the State of Washington in such cases made and provided, you are hereby requested to pay said amount in the manner recommended by said relief committee.

Witness our hands as Commander and Service Officer respectively of said Post:

_____	_____
	COMMANDER OF SAID POST
_____	_____
	SERVICE OFFICER OF SAID POST
_____	_____
RELIEF COMMITTEE	COMMITTEE MEMBER

Allowed ~ ~ ~ ~ ~

_____	_____
CHAIRMAN BOARD COUNTY COMMISSIONERS	COUNTY COMMISSIONER
	_____
	COUNTY COMMISSIONER