

EXPENSE VOUCHER

DISABLED AMERICAN VETERANS
DEPARTMENT OF VIRGINIA



From: (name and address)

Thru:

To:

Finance Adjutant

I request reimbursement for the expenses listed below which were incurred by me in support of the Disabled American Veterans, Department of Virginia. Original receipts supporting these expenditures are attached where required.

ADMINISTRATION

<u>Date</u>	<u>Description</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check Payable To: _____

TRAVEL

<u>Date</u>	<u>From/To</u>	<u>Miles</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Purpose of travel: _____ Position: _____

PER DIEM/LODGING/OTHER

<u>Date</u>	<u>Description</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL AMOUNT CLAIMED:

I certify I am not receiving reimbursement from any other source(s) for the expenses claimed and this voucher is true and correct to the best of my knowledge.

Signature: _____ Date: _____

INDORSEMENT:

APPROVED DISAPPROVED Signature/Date: _____

FOR DEPARTMENT USE

APPROVED _____ CHECK NR. _____ VOUCHER _____
 RESUBMIT _____ LINE/AFR _____
 REJECTED _____ AMOUNT _____

Finance Adjutant / Date: _____ Treasurer / Date: _____

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Finance Adjutant / Date: _____ Treasurer / Date: _____