

CHECK # & DATE: _____

VIETNAM VETERANS OF AMERICA – CHAPTER 299 - EXPENSE/REIMBURSEMENT VOUCHER

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

PURPOSE OF EXPENSE _____

PERDIEM: \$50.00 PER DAY _____
(FIRST & LAST TRAVEL DAY 3/4 PD)

DATES OF TRAVEL FROM: _____/_____/_____

TO: _____/_____/_____

LODGING (ATTACH RECEIPTS): _____

GAS RECEIPTS (ATTACH): _____

MISCELANIOUS/OTHER (ATTACH RECEIPTS:) _____

EXPLANATION: _____

TOTAL AMOUNT CLAIMED: \$ _____

SIGN: _____ DATE: _____

// STAPLE ORIGINAL RECEIPTS TO VOUCHER //