

REQUEST FOR REIMBURSEMENTS/EXPENSE VOUCHER

Veterans of Foreign Wars - Department of Missouri
3401 Knipp Drive, Jefferson City, MO 65109
Fax: 573-636-2664

DATE REQUEST SUBMITTED: _____
 (Expense Vouchers submitted 60 days after expenses were incurred will not be honored)

MILEAGE REIMBURSEMENT REQUEST

(Mileage is paid at 35¢ per mile round trip, effective for travel after 7/1/2014)
 Please list the town location you traveled to, the purpose of your trip and the TOTAL round trip mileage.

TOWN LOCATION	PURPOSE	TOTAL MILES x .35¢ = \$_____

TOTAL AMOUNT OF MILEAGE EXPENSE: \$_____

OTHER EXPENSES

Please itemize each expense you have and attach a receipt for each expense
 (Dept. of Missouri employees claiming authorized per diem as stated in the Dept. travel policy, no receipt is required)

TOTAL AMOUNT OF OTHER EXPENSES: \$_____

GRAND TOTAL OF VOUCHER: \$_____

SUBMITTED BY:

NAME: _____ TITLE: _____
 (Please print or type)

ADDRESS: (This is the address that your check will be sent to)

Direct Deposit Info: Bank Routing # _____
 Bank Account # _____

***** OFFICE USE ONLY*****

DATE _____ AMOUNT PAID _____

Circle One:

Paid with Check or ACH? Check Direct Deposit

Office Manager's Signature: _____ Date: _____

CDR/QM Signature: _____ Date: _____