

REQUEST FOR REIMBURSEMENTS/EXPENSE VOUCHER

Veterans of Foreign Wars - Department of Missouri
P.O. Box 26, Jefferson City, MO 65102
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.)

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¢ = \$ _____
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_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL AMOUNT OF MILEAGE EXPENSE: \$ _____

OTHER EXPENSES

Please itemize each expense you are claiming 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)

----- FOR OFFICE USE ONLY -----

ACCOUNT CHARGED: _____ AMOUNT PAID _____

APPROVED: _____ DATE _____ CHECK # _____

APPROVED _____ DATE _____ DATE PAID _____