

VETERANS OF FOREIGN WARS – DEPARTMENT OF WASHINGTON
5213 PACIFIC HIGHWAY EAST, FIFE, WASHINGTON 98424

TRAVEL – EXPENSE VOUCHER REPORT

DATE(S)

Please Mark & Include Dates Below

School of Instruction *Mid-Winter Conference* *Convention* *Council of Administration* *Post Inspection* *Authorized Visit*

Date	From	To	Mileage (One Way)	Mileage (Round Trip)
			Total Mileage	

Authorized travel will be reimbursed at \$0.35 cents per mile or air fare, whichever is less. Per Diem is \$75.00 per Statement of Financial Policy with overnight stay, or \$25.00 per day without overnight stay. Receipts are required for all Per Diem. Mileage paid to car owner/driver only.

Authorized Miscellaneous Expenses

Phone: \$ _____ Postage: \$ _____ Other: \$ _____

All vouchers must have receipts attached. All vouchers must be submitted to Department by the last day of the month following the expenditure. (With the exception of June which must be in Department Headquarters by June 30th due to that being the end of the fiscal year.) The Department's "Statement of Financial Policy" directives will be the guidance for all payments.

Vehicle Driver: _____ Rider(s): _____

State Convention Notes: Current Chairpersons receive a maximum of 3 days Per Diem. Incoming Chairpersons receive one days Per Diem. Both receive round-trip travel mileage. No person will receive more than 3 days of Per Diem. Hotel receipts must be attached to receive the overnight rate of Per Diem.

DAY	DATE	PER DIEM	AMOUNT
Monday			\$
Tuesday			\$
Wednesday			\$
Thursday			\$
Friday			\$
Saturday			\$
Sunday			\$

<i>Per Diem requests without Hotel/Motel receipts will be paid at the \$25.00 per day rate.</i>	Total Amount of Per Diem	\$
	Total Mileage Reimbursement	\$
	Total Miscellaneous Expenses	\$
	Total Amount Claimed	\$

_____	Post # _____	District # _____
<i>Department Officer's/Chairperson's Signature</i>		

Please Print The Following Information

Name: _____ Street Address: _____
 City: _____ State Washington Zip Code: _____
 Office/Title Held: _____

I certify that this expenditure is not a salary or compensation for time spent in performing my duties and that the time spent was for the good of the Veterans of Foreign Wars.

_____	Date _____
<i>Department Quartermaster's Signature</i>	

Remarks: