|  |  |
| --- | --- |
| **NAME:**  | **SSN:** (required)  |
| **ADDRESS:**  |
| **CITY:**  | **STATE:**  | **ZIP:**  |
| **PURPOSE:**  | **TITLE:**  |

|  |  |
| --- | --- |
| **FLIGHT:** (Location)☐ Round-trip |  TO  |
| **FLIGHT:** (Dates) |  TO  | $  |
| **GROUND:** (Miles) |  (miles) | X $0.70/ mile | $  |
| **LODGING:** ($/night) | (nights) | X $ /night | $  |
| **PER DIEM** | (days) | @ $86 per day | $ |

 **TRANSPORTATION & LODGING**

 **OTHER EXPENSES**

|  |  |
| --- | --- |
| **Description:** 1st day travel $64.50 last date of travel $64.50 | $ |
| **Description:**  | $  |
| (If more space is needed, please use additional pages and add up SUBTOTALS) **SUBTOTAL OF EXPENSES** |  |
| **TOTAL REIMBURSEMENT REQUESTED** | **$**  |

*I HERBY CERTIFY by signing below that the expenses on this form are the actual, necessary, and appropriate business and travel expenses and are in accordance with the VFWCA Travel and Reimbursement Policy. I MUST provide all receipts or verification for all expenses being claimed before payment can be authorized and paid.*

|  |  |
| --- | --- |
| **SIGNATURE** | **Date** |
| **APPROVED BY** | **Date** |