VFW
NO ONE DOES MORE FOR VETERANS.
California

EXPENSE REIMBURSEMENT

(Please fill out form completely and submit to Department HQ)

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

TRANSPORTATION & LODGING

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

OTHER EXPENSES

Description: 1st day travel $_____last date of travel $_____	$
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**