



EXPENSE REIMBURSEMENT

(Please fill out form completely and submit to vfwaqm@vfwa.org)

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

TRANSPORTATION & LODGING

FLIGHT: (Location) <input type="checkbox"/> Round-trip	TO		
FLIGHT: (Dates)	TO		\$
GROUND: (Miles)	(miles)	X \$0.725/ mile	\$
LODGING: (\$/night)	(nights)	X \$ /night	\$
PER DIEM	(days)	@ \$ per day	\$

OTHER EXPENSES

Description: 1 st day travel \$ _____ last date of travel \$ _____	\$
Description:	\$
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