

CHECK # & DATE: _____

**VIETNAM VETERANS OF AMERICA – CHAPTER 299
EXPENSE/REIMBURSEMENT VOUCHER**

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

PURPOSE OF EXPENSE _____

PERDIEM: \$42.50 PER DAY _____
//FIRST & LAST TRAVEL DAY 3/4 PD//

DATES OF TRAVEL **FROM:** _____/_____/_____

TO: _____/_____/_____

LODGING (ATTACH RECEIPTS): _____

GAS RECEIPTS (ATTACH): _____

MISCELANIOUS/OTHER (ATTACH RECEIPTS:) _____

EXPLANATION: _____

TOTAL AMOUNT CLAIMED: \$ _____

SIGN: _____ **DATE:** _____

// STAPLE ORGINAL RECEIPTS TO VOUCHER //