DEPARTMENT OF SOUTH CAROLINA

Veterans of Foreign Wars of the United States
(NOTE: Travel at $0.35 cents per mile)

***ALL ENTRIES SHALL BE LEGIBLE AND RECEIPTS ANNOTATED AS TO WHICH ITEMS ARE TO BE REIMBURSED**

Expense Account of: (Name) _____ **Title:** _____

Address:_____ **Phone No.** _____ **Cell No.** _____

DATE	FROM	TO	PURPOSE	MILES	AMOUNT
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00

OTHER EXPENSES

LODGING: (Attach Receipt/s)	**Amount: ($000.00)**	
MEALS: (Attach Receipt/s	**Amount: ($000.00)**	
OTHER: (Explain)	**Amount: ($000.00)**	
GRAND TOTAL OF ALL EXPENSES SUBMITTED:		$ 0.00

I do hereby certify that the expenses listed above are true and correct as incurred by me for the purpose as designated.

Date: _____ **Signature:** _____

VFW Department of South Carolina
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Phone: 803.808.0317 FAX: :803.808.0417
e-mail: admin@vfwsc.org