

DEPARTMENT OF SOUTH CAROLINA

Veterans of Foreign Wars of the United States (NOTE: Travel at \$0.45 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	ТО	PURPOSE	MILES	AMOUNT
			OTHER EXPENSES		
LODGING: (Attach Receipt/s)			Amount	Amount: (\$000.00)	
MEALS: (Attach Receipt/s)			Amour	Amount: (\$000.00)	
OTHER: (Explain)			Amount	Amount: (\$000.00)	
GRAND TOTAL OF ALL EXPENSES SUBMITTED:					\$

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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