



VFW 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:	To:	Purpose	Miles	Amount

Total Mileage \$

Additional Expenses:

LODGING: (Attach Receipt/s) Amount (0.00) \$

MEALS: (Attach Receipt/s) Amount (0.00) \$

OTHER: (Please Explain - Attach Receipt/s) Amount (0.00) \$

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: _____

Department of South Carolina
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Lexington, SC 29072
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