

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) Address:			IITIE:		
			Phone No	Cell No	
Date:	From:	То:	Purpose	Miles	Amount
			Total Mileage \$		
∆ddition	al Expenses:				
	(Attach Receipt/s)			Amount (0.00) \$	
MEALS: (Attach Receipt/s)				Amount (0.00) \$	
OTHER: (Please Explain - Attach Receipt/s)				Amount (0.00) \$	
		GRAND TOTA	L OF ALL EXPENSES S	SUBMITTED: ¢	
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do hereby cer	tify that the expenses liste	d above are true and corr	ect as incurred by me for the purpose as	designated.	
50, 501	,				

Date: _____ Signature: _____

VFW Department of South Carolina

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Email: qm@vfwsc.org

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