

National Sons of AMVETS Expense Voucher

Date: 10/14/2015

Submitted By: _____ Position: _____
(Receipts must be attached for payment)

Mailing Address: _____

E-Mail Address: _____

Dates: _____ Destination: _____

Milage: 0 X \$0.45 per mile = (\$600.00 max) \$ - Code _____

Per Diems: \$40.00 per day X _____ Days = \$ - Code _____

Air Fare: \$ - Dates: _____ \$ - Code _____

Car Rental \$ - Dates: _____ \$ - Code _____

Cab Fares / Parking Fees / Toll Fees \$ - Code _____

Lodging Dates _____
Destination _____ \$ - Code _____

Misc. Expenses
Items _____ \$ - Code _____

Telephone Dates: _____ \$ - Code _____

Postage \$ - Code _____

Total Voucher Expenses Claimed \$ -

Less Deductables: _____ \$ -

Net Voucher Expenses Claimed \$ -

Claimant's Signature _____ Date _____
(Must Be Signed before payment !)

Authorized Approver's Signature _____ Date _____

Check # _____

Code _____ Amt. _____ Code _____ Amt. _____

Code _____ Amt. _____ Code _____ Amt. _____

Code _____ Amt. _____ Code _____ Amt. _____

