

Veterans Tribute Group  
Request for Reimbursement

Name: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Purpose of Expense: \_\_\_\_\_

Date of Expense: \_\_\_\_\_

Was this purchase made with a VTG Credit/Debit Card? Yes \_\_\_\_\_ No \_\_\_\_\_

**Expenses (Economy Rate only)**

Expense 1( Explain in other): \$ \_\_\_\_\_

Expense 2( Explain in other): \$ \_\_\_\_\_

Expense 3( Explain in other): \$ \_\_\_\_\_

Travel: \$ \_\_\_\_\_

Milage: \_\_\_\_\_

Postage: \$ \_\_\_\_\_

**Total of Request: \$ \_\_\_\_\_**

\*Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If signing this digitally your initials count as your signature.

Approved By: \_\_\_\_\_ Treasurer, VTG

Approved By: \_\_\_\_\_ President, VTG

Date Reimbursed: \_\_\_\_\_

Credit/ Debit Card Receipt \_\_\_\_\_