

Vietnam Veterans Of America
Kentucky State Council
Request for Reimbursement

Name: _____

Address _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Chapter #: _____

Purpose of Expense / Travel: _____

Date of Departure: _____ Date of Return: _____

Total number of days in travel status: _____ Days

Expenses (Economy Rate only)

Travel (Circle): Plane Train Bus Total \$: _____

Car: Number of miles traveled round trip: _____ miles

Miles x 0.35: \$ _____

Other (specify) \$ _____

Meals: Per Diem (\$27.00 per day max): \$ _____

(Washington DC \$42.50 per day max)

Luncheons / Banquets: \$ _____

Lodging: Lodging (Minus Misc. expenses): \$ _____

Misc: Postage: \$ _____

Phone Bills: \$ _____

*Other (Specify): \$ _____

Total of Request: \$ _____

*Other: _____

Signature: _____ Date: _____

If signing this digitally your initials count as your signature.

Approved By: _____ Treasurer, State Council

Approved By: _____ President, State Council

Date Reimbursed: _____

Total Reimbursement for Year (To be filled out by Treasurer): \$ _____