

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 or Expense: _____ Date of Return: _____

Was this purchase made with a VVA Credit/Debit Card? Yes _____ No _____

Expenses (Economy Rate only)

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

Car: Miles traveled round trip: _____ miles x 0.35 = \$ _____

Parking / Tolls \$ _____

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

Luncheons / Banquets: \$ _____

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

Misc: Postage: \$ _____

Phone Bills: \$ _____

*Other (Specify Below): \$ _____

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: _____ Credit/ Debit Card Receipt _____