



Vietnam Veterans of America
 8719 Colesville Road, Suite 100
 Silver Spring, MD 20910
 Please fax to Finance (301) 585-5542

Expense Report

ADVANCE / **REIMBURSEMENT**

Attach Receipts to Blank Paper – We Pay Only When There Are Receipts

Note: All requests must be turned in within 30 days of the expense.

Name _____ Address _____

Phone (____) _____ City _____ State _____ Zip _____

Email _____

Purpose of expense _____ Budget Charged: _____

Point of origin _____ Destination _____

Date: Depart ___/___/___ Time: ___:___ Return ___/___/___ Time: ___:___

EXPENSES	TOTALS
1. Travel: Air	\$ _____
2. Mileage: (Accounting will compute) – Total Mileage _____	_____
3. Per Diem: (\$50.00/day)	_____
4. Lodging:	_____
5. Postage:	_____
6. Telephone:	_____
7. Office Supplies:	_____
8. _____	_____
9. Grand Total	\$ _____
10. Signature _____	Date _____

Finance Department Use Only

CFO Approved _____ Director of Finance _____ Date _____