



Vietnam Veterans of America  
8719 Colesville Road, Suite 100  
Silver Spring, MD 20910

### Expense Report

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

#### ADVANCE

#### REIMBURSEMENT

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

**Note:** All requests must be turned in within 45 days of the expense

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

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

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

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: (\$45.00/day)	_____
4. Lodging:	_____
5. Postatge:	_____
6. Telephone:	_____
7. Office Supplies:	_____
8. _____	_____
9. <b>Grand Total</b>	<b>\$ _____</b>

10. Signature \_\_\_\_\_ Date: \_\_\_\_\_

#### Finance Department Use Only

Approved \_\_\_\_\_ CFO, Contoller Date: \_\_\_\_\_