



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: (\$35.00/day)	_____
4. Lodging:	_____
5. Postage:	_____
6. Telephone:	_____
7. Office Supplies:	_____
8. _____	_____
9. Grand Total	\$ _____

10. Signature _____ Date: _____

Finance Department Use Only

Approved _____ CFO, Contoller Date: _____