DEPARTMENT OF VIRGINIA
VETERANS OF FOREIGN WARS OF THE UNITED STATES
403 LEE JACKSON HIGHWAY
STAUNTON, VIRGINIA 24401
FAX 1-866-416-0586

EXPENSE VOUCHER

DATE_____

Expenses incurred on business of the Department of Virginia, VFW of the U.S., as detailed below:

DATE	MEALS	HOTEL	TRANSPORTATION MILES	TRANSPORTATION AMOUNT	OTHER EXPLANATION	OTHER AMOUNT	TOTAL
TOTAL							

Receipt for all expenditures, should accompany this expense voucher. Expense vouchers are to be submitted monthly - - not later than the 10th of the following month.

I hereby certify that the expenses shown above amounting to $ _____were incurred for the benefit and in the interest of the Department of Virginia, VFW.

APPROVED: _____
State Commander

Signed _____

Title _____

For State Headquarters Use Only **Date** _____ **Check No.** _____
Ledger Distribution