



Department of Indiana
PO Box 508
Greenwood, IN 46142
dav-indiana@sbcglobal.net
Phone (317) 632-9266 FAX (317) 635-7851

TRAVEL EXPENSE VOUCHER

This voucher MUST be submitted within 14 days of the event. ALL receipts MUST be attached to this voucher for consideration.

NAME _____

FROM _____ DATE _____
Address _____

TO _____ DATE _____
Address _____

PURPOSE of travel _____

HOTEL.....Attach Receipt.....\$ _____

MEALS.....Attach Receipt.....\$ _____

Maximum allowed based on arrival/departure time
(BREAKFAST: \$10.00; LUNCH: \$15.00; DINNER: \$20.00)

AUTO TRAVEL _____ MILES @ 0.45 CENTS PER MILE.....\$ _____

Misc. Expense.....Attach Receipt.....\$ _____

TOTAL EXPENSES.....\$ _____

This is to certify that this expense voucher submitted by the undersigned to DAV State Headquarters and thereafter reimbursed by DAV State Headquarters to the undersigned was not reimbursed by anyone else, and it was, in my judgment, expended solely and exclusively for purposes connected with the performance of my duties in my executive capacity with Disabled American Veterans, Department of Indiana.

AUTHORIZED BY:

SUBMITTED BY:

DEPARTMENT ADJUTANT

SIGNATURE AND TITLE

(Office Use Only) ACCOUNT _____