



DISABLED AMERICAN VETERANS PATRICK HENRY CHAPTER #34
POST OFFICE BOX 372, NORGE, VIRGINIA 23127
757-564-3916

Travel Expense Voucher

Date: ____/____/____

To: Adjutant, Chapter #34

From: _____

Address: _____

Subject: Request for Reimbursement of Expenses

I request reimbursement for the expenditures listed below and on the reverse, which have been incurred by me. These expenditures are authorized in the Business and Medical Travel Instructions or by direction of the Executive Committee and were necessary in the performance of my DAV Chapter #34 duties.

Travel:

Business Miles _____ Miles @ \$0. 56 =	\$ _____
Medical Miles (\$6.00 or deductible) ____ # of Visits (3 max)	\$ _____
Meals and Per Diem (Maximum Allowed*)	\$ _____
DSO/CSO Officers Expense: Attach Form	\$ _____
Total Travel Expenses	\$ _____

Welfare and Relief for Disabled Veteran	\$ _____
Name and address: _____	

Others in Need: _____	\$ _____
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Total All Expenses	\$ _____
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Claimant Signature: _____

* Maximum Per Diem Allowance as established monthly by the U.S. General Services Administration; or as pre-arranged by the host DAV organization

Approved: Disapproved: Explanation: _____

By: Adjutant/Commander: _____ Date: _____

From: Treasurer, _____ Date: _____

To: Adjutant _____

Forwarded herewith is: Check Date _____ Check# _____ Amount \$ _____

Treasurer's Signature: _____

Request for Reimbursement – Page Two

Complete this side and transfer totals to the proper space on the first page.

Attach all applicable receipts.

TRAVEL EXPENSES

Date	Destination/Purpose	Miles	X \$.56	Total

GRAND TOTAL: _____

TRAVEL MEDICAL

Date	Destination/Purpose	\$6 or Deductible	Total

GRAND TOTAL: _____

TRAVEL EXPENSES (Per Diem, Fees, Parking, Out of Pocket expenses)

Date	Item/Category	Total

GRAND TOTAL: _____