



Disabled American Veterans
Department of North Carolina



Expense Reimbursement Request

To: Department Adjutant, PO Box 28146, Raleigh, NC 27611-8146

I hereby submit this Expense Voucher and request reimbursement of authorized expenses in accordance with appropriate Department of North Carolina Regulations and Policies.

<u>Date:</u>	<u>Destination:</u>	<u>Purpose:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Expense Breakdown:

Air Fare:	_____
Mileage: _____ (Total miles multiplied by \$0.35 per mile)	_____
Lodging: _____ Total Nights	_____
Postage:	_____
Telephone:	_____
Other (specify): _____	_____
Total Claimed Expenses:	_____

I understand that all reimbursements are subject to the Department Budget, Department Travel & Allowance Guide, other regulations and policies as applicable, and funds availability. All receipts for claimed expenses are attached. I certify that I am not receiving reimbursement from any other source for the above claimed expenses.

Name & Title: _____

Mailing Address: _____

Phone Number: _____

E-Mail Address: _____

Signature & Date: _____