

Expense Reimbursement Request

To: **DAV Department of North Carolina**
 P.O. Box 90968 Raleigh NC 27675
 Attn: Department Adjutant

Voucher/Confirmation # _____

I hereby submit this voucher and request reimbursement of authorized expenses IAW current Department Regulation, Policies and the Department Travel Guide.

<u>DATE</u>	<u>DESTINATION</u>	<u>PURPOSE</u>

EXPENSES

Air Fair _____

Mileage _____ (Total miles multiplied by .35 per mile) _____

Lodging _____ Total Nights _____

Postage _____

Telephone _____

Other (Specify) _____

Total claimed expenses _____

I acknowledge that all reimbursements are subject to the Department budget, travel & allowance guide, and fund availability. **ALL RECEIPTS** for claimed expenses are attached. I certify that I am not receiving reimbursement from any other source for the above listed expenses. Reimbursement forms are to be at the Department within 30 of travel as directed in the current travel and allowance guide.

Name & Title: _____

Mailing Address: _____

Phone Number: _____

Email: _____

Signature & Date: _____

I want to receive EFT / Bill Pay **(circle)**

 Commander/alternate signer Treasurer/alternate signer Adjutant

CODE: _____ \$ _____, _____ \$ _____, _____ \$ _____

Commander _____ Adjutant _____ Treasurer _____ Bookkeeper _____

Revised: 1/30/2020