



VETERANS OF FOREIGN WARS OF THE UNITED STATES

Department of New Jersey
Request for Reimbursement/Expense voucher



Date Request Submitted: _____

(Note: Expense vouchers submitted 14 days after the last day of the preceeding month will not be paid.) Please attach your mileage calculation using MapQuest or Google Maps, OTHERWISE your mileage may be calculated for you and you may not get the amount anticipated.

A. MILEAGE REQUEST (current rate=\$0.40 / mile

EXAMPLE: DATE/PURPOSE/LOCATION Total Miles X cost per mile = \$ 00.00

_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
GRAND TOTAL	\$ _____

B. OTHER EXPENSES: Note: Itemize each expense and attach a receipt for each expense.

_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
GRAND TOTAL	\$ _____

SUBMITTED BY: _____ Title: _____

Payable To: _____ Title: _____

Address: _____

Address: _____

***** FOR OFFICIAL USE ONLY *****

Account Charged: _____

Amount Paid: \$ _____

Check # _____

Approval Initials & Date: _____

Chairman: _____
Quartermaster: _____
Commander: _____
Audit Cmt: _____