EXPENSE VOUCHER FOR THE DEPARTMENT OF KANSAS VFW

DATE	PLACE EVENT	TRAVEL* $$$$$	TRAVEL* # MILES	HOTEL	TOTAL
		$0.00			$0.00
		$0.00			$0.00
		$0.00			$0.00
		$0.00			$0.00
		$0.00			$0.00
		$0.00			$0.00
		$0.00			$0.00
		$0.00			$0.00
		$0.00			$0.00
		$0.00			$0.00
		$0.00			$0.00
		$0.00			$0.00
		$0.00			$0.00
		$0.00			$0.00
	OTHER EXPENSES				

TOTAL FOR THIS REPORT $0.00

I hereby make claim for reimbursement of the above authorized expenses for the period ending _____, 20___

Signed _____ Print Your Name _____
Your Title _____ Dist # _____ Your SS# _____

* Based on actual expenses by public carrier or 20 cents per mile by car. Department Officers expenses must have approval of the Department Commander. District expenses must be approved by District Commander and Department Commander. Expense statements must be accompanied by hotel bills, telephone bills, visitation reports and be submitted to the Department Commander at least once each month. Expenses for the month of June must be approved and submitted to Department Headquarters no later than June 20th.

APPROVED _____ **APPROVED** _____
District Commander **Department Commander**

THIS SECTION FOR DEPARTMENT OF KANSAS VFW USE ONLY

Account No.	$ Amount	
		Check Date / /
		Check Amount $
		Check #