



Associates of Vietnam Veterans of America, Inc.
8719 Colesville Road; Suite 100 • Silver Spring, MD 20910-3919
Telephone: 301-585-4000 • Fax Main: 301-585-0519

Expense Reimbursement Form

Attach receipts to blank paper. We pay only when there are receipts.
NOTE: All requests must be turned in within 45 days of the expense.

Name: _____ Position: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ E-Mail: _____
 Purpose of Travel or Expense: _____
 Point of Origin: _____ Destination: _____
 Date: Depart: _____ Time: _____ Return: _____ Time: _____

Expenses	Totals	Finance Department Use Only
1. Travel:	\$ _____	
2. Per Diem: X \$42.50	_____	
3. Lodging:	_____	
4. Postage:	_____	
5. Telephone:	_____	
6. Office Supplies	_____	
7. _____	_____	
8. _____	_____	
9. _____	_____	
10. _____	_____	
Grand Total	\$ _____	

Signature: _____ Date: _____

Approved By: _____ President / Treasurer Date: _____

Notes: _____