



Together Always

Associates of Vietnam Veterans of America, Inc.

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EXPENSE REIMBURSEMENT FORM

Attach all receipts to a blank piece of paper, and mail with this form. We pay only when there are receipts. NOTE: All requests must be turned in within 45 days of the expense.

Request Reimbursement

Request Advance Payment

Name: _____ Position: _____

Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____ Email: _____

Purpose of Expense/Travel: _____

Point of Origin: _____ Destination: _____

Date/Time Depart: _____ Date/Time Return: _____

EXPENSES

TOTALS

Finance User Code

1	Travel:		\$ _____	
2	Per Diem:	X \$45.00	\$ _____	
3	Lodging:		\$ _____	
4	Postage:		\$ _____	
5	Telephone:		\$ _____	
6	Office Supplies:		\$ _____	
7	_____		_____	
8	_____		_____	
9	_____		_____	
10	_____		_____	
11	_____		_____	

Grand Total: \$ _____

Signature: _____ Date: _____

Approved By: _____ President/Treasurer Date: _____

Notes: _____