



Associates of Vietnam Veterans of America, Inc.

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(PH) 301.585.4000 | (FAX) 301.585.5542

Credit Card Expense Form

Attach all receipts. Small receipts should be attached to blank paper.

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 USER CODES
1. Travel:	_____	_____
2. Per Deim:	_____	_____
3. Lodging:	_____	_____
4. Postage:	_____	_____
5. Telephone:	_____	_____
6. Office Supplies:	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____

Grand Total: \$ _____

Signature: _____ Date: _____

Approved by: _____ President/Treasurer Date: _____

Notes: _____