



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

EXPENSE REIMBURSEMENT FORM

Attach all receipts or scan them as a PDF, and mail or email with this form. **We pay only when there are receipts.**
 NOTE: All non-travel requests must be turned in within 45 days of the expense. Travel expenses must be turned in by 30 days after the travel is completed. **Forms and receipts are sent to the AVVA National Treasurer and the VVA Finance Dept.**

CHECK HERE FOR REIMBURSEMENT CHECK HERE FOR ADVANCE FUNDS

NAME: _____ POSITION: _____

ADDRESS: _____
Street City State Zip

PHONE: _____ ALT PHONE: _____ EMAIL: _____

PURPOSE OF EXPENSE: _____

DATE FORM SUBMITTED: _____

IF FOR TRAVEL: Depart From: _____ Destination: _____

Depart Date: _____ Return Date: _____

Mode of Transportation: Airline Vehicle Other

EXPENSES

		TOTAL	FINANCE USER CODE
1	Travel Details: _____	\$	
2	Per Diem Calculation: Days X \$45.00 per day	\$	
3	Hotel / Lodging: _____	\$	
4	Misc. Office Supplies: _____	\$	
5	Postage / Shipping: _____	\$	
6	_____	\$	
7	_____	\$	
8	_____	\$	
9	_____	\$	

Grand Total: \$ _____

SIGNATURE: _____ DATE: _____

Must be approved by the President or the Treasurer

Approved by: _____ Date Approved: _____

Notes: _____

Scan and Email to: kathy.andras@yahoo.com and ccorbin@vva.org