

## TEXAS VFW EXPENSE CLAIM FOR REIMBURSEMENT

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

### LIST EACH TRIP INDIVIDUALLY AND ITEMIZE IN DETAIL

(Itemize up to three (3) trips)

Date:	Place:
Reason For Trip:	
Miles Traveled:	Number of Days Expenses:

Date:	Place:
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Date:	Place:
Reason For Trip:	
Miles Traveled:	Number of Days Expenses:

### ITEMIZED EXPENSES INCURRED

	Miles Traveled by Car @ .40 cents Per Mile .....		\$
Total Cost of Airplane Ticket (Attach Receipts) .....			\$
Hotel Room (Attach Receipts) .....			\$
Meals and Incidentals .....	Days @ \$ 40 Per Day		\$
Miscellaneous Expenses (Attached Receipts) .....			\$
<b>MINUS Texas VFW Meals Provided:</b>	<b># Meals @ \$ 13</b>	<b>-</b>	<b>\$</b>
<b>Total Expenses Claimed</b>			<b>\$</b>

**Signature of Person Making Claim:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_

### APPROVED BY

State Commander \_\_\_\_\_ State Adjutant \_\_\_\_\_

This form MUST be used by ALL Chair Officer entitled to claim reimbursements in accordance with the guidelines adopted by the Council of Administration. All reports pertaining to activities related to this claim must accompany the form along with a copy of all receipts for expenses being claimed before payment can be authorized and paid. All claims form reimbursement must be signed and submitted to Department of Texas VFW, PO Box 14468, Austin, Texas 78761 within thirty (30) days after the actual travel and /or expense was incurred. Social Security Numbers required for payment.