

Vietnam Veterans of America, Inc.  
Pinellas County Chapter 522  
P.O. Box 551  
Indian Rocks Beach, FL 33785  
Travel Expense Report

To: Treasurer \_\_\_\_\_ Date \_\_\_\_\_

From: \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

\_\_\_\_\_ Position \_\_\_\_\_

\_\_\_\_\_ Phone Number \_\_\_\_\_

Make Check Payable To: \_\_\_\_\_

Please submit a separate request form for each event attended or purchase made.

Travel Purpose: \_\_\_\_\_

Travel Destination: \_\_\_\_\_

Depart From: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Return To: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Automobile Mileage Total \_\_\_\_\_ @ \$\_\_\_\_.25 per mile \$ \_\_\_\_\_.

Airfare (Attach ticket showing cost) \$ \_\_\_\_\_.

Hotel Room (Attach Receipts) \$ \_\_\_\_\_.

Per Diem \_\_\_\_\_ days @ \$ \_\_\_\_\_ per day \$ \_\_\_\_\_.

Other Travel Expense (attach receipts)

Describe \_\_\_\_\_ \$ \_\_\_\_\_.

**TOTAL TRAVEL EXPENSE:** \$ \_\_\_\_\_.

Other Approved Expenses:

Purchases Made: \_\_\_\_\_ \$ \_\_\_\_\_.

Describe: \_\_\_\_\_ \$ \_\_\_\_\_.

**ADJUSTMENTS:** (Describe) \_\_\_\_\_ (+/-) \$ \_\_\_\_\_.

**TOTAL OTHER EXPENSE:** \$ \_\_\_\_\_.

Approved: \_\_\_\_\_ Position: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Check Number \_\_\_\_\_ Check Amount \$ \_\_\_\_\_

