

DEPARTMENT OF ILLINOIS – VETERANS OF FOREIGN WARS
 3300 Constitution Dr, Springfield, IL 62711
 Phone 217-529-6688 Fax 217-546-3415

EXPENSE VOUCHER

Name/Title: _____ Date: _____

Mailing Address: _____

Purpose of Travel: _____

| DATE | TRAVEL FROM | TRAVEL TO | NUMBER OF MILES | OTHER AUTHORIZED EXPENSES* |
|-------|-------------|-----------|-----------------|----------------------------|
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| TOTAL | | | | |

I HEREBY CERTIFY THAT I HAVE INCURRED ALL OF THE ABOVE EXPENSES ON BEHALF OF VETERANS OF FOREIGN WARS, DEPARTMENT OF ILLINOIS. NONE OF THE EXPENSES LISTED ARE BEING REIMBURSED OR PAID BY STIPEND FROM NATIONAL VFW, DISTRICT, POST, OR ANY OTHER ENTITY.

Signature

Date

Amount Paid: _____

Check Number _____

State Adjutant

Date

