

DEPARTMENT OF SOUTH DAKOTA
VETERANS OF FOREIGN WARS OF THE UNITED STATES
EXPENSE VOUCHER

NAME: _____
(FIRST NAME) (MIDDLE INITIAL) (LAST NAME)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SIGNATURE: _____

LIST REASON FOR EXPENDITURES OR FUNCTION ATTENDED: _____

DATE OF EXPENDITURES: _____

EXPENSE

Miles — Mileage reimbursement will be determine per event:

(When two or more persons authorized to have mileage reimbursed and travel in the same vehicle, only one person will be entitled to reimbursement for mileage. SOP #10)

_____ **# of nights in room — (In state travel)** Nights at actual cost or a cost of \$ _____ per night
(Lodging invoice must be submitted and reimbursement will be determine per event)

_____ **# of nights in room — (Out of state travel)** Rate per night allowed \$ _____

_____ **Number of Days** for per diem expense at \$ _____ per day for out of state travel.....

Following expenses need approved by the department before payment is made.

Postage — (Please submit copies of postal receipts)

Telephone and Fax — (Please submit receipts or copies of phone statements).....

Miscellaneous (Itemize below) (no meals allow unless approved by state office beforehand ... \$

Total Expenses: _____

For payment of these expenses, please forward this voucher to State Quartermaster, Department of South Dakota VFW, 3601 South Minnesota Avenue, Sioux Falls, South Dakota 57105. Vouchers must be submitted as soon as possible after the date of the expenditures and must be submitted by May 15th of each VFW year.