



VETERANS OF FOREIGN WARS.

Department of South Dakota

EXPENSE VOUCHER

NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP: _____ PHONE NUMBER: _____ EMAIL: _____

FUNCTION ATTENDED OR REASON FOR EXPENDITURES: _____

DATE OF EXPENDITURES: _____

Miles – Mileage reimbursement will be determined per event: _____ at \$.51/mile _____
(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 night in room – (In state travel) Total of \$50 per night _____

_____ # of night in room – (Out of state travel) Full cost of hotel _____

_____ # of Days for per diem expense at \$60.00 per day for out of state travel _____

The following expense need approved by the Department before payment is made
(Must provide receipt for consideration of reimbursement) _____

Miscellaneous Expenditures, Itemized: _____

Itemized total: _____

Total Expenses: _____

For payment of these expenses, please email this voucher, mileage verification IAW SOP, lodging receipts and any other receipts you are claiming reimbursement for to anna@vfwdeptsd.com or send to 1600 W Russell St, Ste 135, Sioux Falls, SD 57104. Vouchers must be submitted no later than 45 days after travel occurred for reimbursement.

SIGNATURE: _____