

# VVA CHAPTER 1091 EXPENSE REIMBURSEMENT FORM:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

PURPOSE OF TRAVEL \_\_\_\_\_

POINT OF ORIGIN \_\_\_\_\_

DESTINATION(S) \_\_\_\_\_

DEPARTURE DATE \_\_\_\_\_ TIME \_\_\_\_\_

RETURN DATE \_\_\_\_\_ TIME \_\_\_\_\_

1. TRAVEL PLANE \$ \_\_\_\_\_

Expenses

CAR \_\_\_\_\_ MI.

Mileage as determined by State Council/Chapter \$ \_\_\_\_\_

OTHER (SPECIFY) \$ \_\_\_\_\_

2. ADDITIONAL TRAVEL MEALS (if authorized) \$ \_\_\_\_\_

RELATED EXPENSES LODGING \$ \_\_\_\_\_

PARKING \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

3. OTHER (IE: PHONE, FAX, POSTAGE, SUPPLIES and REPRODUCTION, ETC.)

SPECIFY \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

GRAND TOTAL \$ \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

RECEIPTS MUST BE ATTACHED! (EXECUTIVE COMMITTEE MAY SET REIMBURSEMENT AMOUNT WITHOUT RECEIPT).

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

CHECK PROCESSED BY \_\_\_\_\_ DATE \_\_\_\_\_

CHECK NUMBER \_\_\_\_\_