



Vietnam Veterans of America State of Michigan Council

OPERATING EXPENSES REIMBURSEMENT FORM

=====
Date: _____

(Please Print)

Name: _____ *Title:* _____

Address: _____ *City:* _____ *Zip:* _____

Home Phone: _____ *Other Contact Phone:* _____

Purpose of Expense: _____

Total Expense: _____ \$ _____

I hereby certify that the above expenses are correct and accurate and that I am not receiving reimbursements for these expenses by any other source.

Signature: _____ *Date:* _____

Note: All reimbursement requests must be turned into the Treasurer within 45 days of period the expenses were incurred. All required receipts must be attached if reimbursement is expected.

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Treasurer/ Finance Committee Use Only

Approved ___ *Disapproved* ___

Reason for

Disapproval _____

Signature of Designated Official: _____ *Date:* _____

Amount Paid: _____ *Check Number:* _____ *Date:* _____