



# Vietnam Veterans of America State of Michigan Council

## TRAVEL REIMBURSEMENT FORM

=====  
**Date:** \_\_\_\_\_

*(Please Print)*

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Other Contact Phone:** \_\_\_\_\_

**Reason For**

**Travel:** \_\_\_\_\_  
\_\_\_\_\_

**Point of departure:** \_\_\_\_\_ **Destination:** \_\_\_\_\_

**Date of Departure:** \_\_\_\_\_ **Date of Return:** \_\_\_\_\_

**Total Days of Travel Status:** \_\_\_\_\_ **Total Mileage: (If Claiming Mileage)** \_\_\_\_\_

**Expense:**

1. **Travel:** **Air Fare** \$ \_\_\_\_\_

**Taxi, Bus, Car Rental** \$ \_\_\_\_\_

**Personal Car Total Mileage X Current Rate =** \$ \_\_\_\_\_

**Parking and Misc.** \$ \_\_\_\_\_

2. **Lodging:** \$ \_\_\_\_\_

3. **Meals:** \$ \_\_\_\_\_

*(Continued On Reverse)*

4. **Other Travel Related Expenses: (Describe)**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Total Expenses:**

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

**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 the travel period the expenses were incurred. All expenses are reimbursed in accordance with the State of Michigan Council Travel Policy. All required receipts must be attached if reimbursement is expected.**

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**Treasurer/Finance Committee Use Only**

**Approved** \_\_\_ **Disapproved** \_\_\_

**Signature of Designated Official:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments/Reason for Disapproval:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Amount Paid:** \_\_\_\_\_ **Check Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_