Pennsylvania District 20 Veterans of Foreign Wars of the United States 109 Zidek Aly, Shohola Pa 18458-2018 **TRAVEL EXPENSE VOUCHER**

 Name:

 Title:

Address: _____

PURPOSE FOR TRAVEL: ______

| ITINERARY | | | | | | | | | |
|-----------|-----|------|----------|---------|----------|------|-------|--|--|
| MM/DD/YY | | TIME | ODOMETER | MILEAGE | PER DIEM | MISC | TOTAL | | |
| | DEP | | | | | | | | |
| | ARR | | | | | | | | |
| | DEP | | | | | | | | |
| | ARR | | | | | | | | |
| | DEP | | | | | | | | |
| | ARR | | | | | | | | |
| TOTAL | | | | | | | | | |

I certify that the amount listed above is for expenses incurred and paid by me for the purpose of business and no part represents compensation for personal services.

Receipts for lodging and any expense claimed are required.

Personal Auto Travel Owner or Operator Passenger If travel by private auto was authorized I, as the owner or operator of the vehicle, was primarily responsible for payment of it's operating expenses.

Signature of Owner or Operator / Claimant:

| District Quartermaster's Use Only: | | Forward to: | Quartermaster |
|------------------------------------|--------|-------------|-----------------------|
| Commander/President: | Date: | | PA District 20 VFW |
| Quartermaster/Treasurer: | Date: | | 109 Zidek Aly |
| Check # Acct # | Total: | | Shohola PA 11848-2018 |

COMMENTS / MISC EXPENSES / ADDITIONAL INFORMATION:

INSTRUCTIONS:

- 1. Fill out Name, Title, Address and Purpose. (self explanatory)
- 2. Enter MM/DD/YY and TIME of Departure.
- 3. Enter ODOMETER reading at time of Departure.
- 4. Enter the total for miscellaneous expenses in the MISC field. <u>NOTE</u>: An explanation of these expenses must be completed above. Expense examples are: Hotel, Food, Snacks, Tolls, Fuel, etc. Not all expenses are reimbursable.
- 5. Complete all of the same information for the time of Arrival. <u>NOTE</u>: Your MILEAGE and PER DIEM will be automatically calculated.
- Continue filling out the form as above for any additional trips.
 <u>NOTE</u>: If more than three (3) trips are being expensed, an additional form will need to be filled out and attached. THE FINAL TOTAL WILL NOT BE CARRIED FORWARD – USE THE COMMENTS SECTION TO EXPLAIN ADDITIONAL TRIP EXPENSES.
- 7. Print, sign and send in the original to the Dept. of PA VFW Headquarters. It is advised that you make a copy for your records.

PLEASE CHECK AND DOUBLE CHECK YOUR ENTRIES.

THIS INFORMATION IS REQUIRED TO SATISFY INTERNAL REVENUE SERVICE REQUIREMENTS.

An accounting must be made of money that you receive as reimbursement for expenses incurred while serving as a representative of the District, Veterans of Foreign Wars. Otherwise, the Internal Revenue Service may consider the money you receive as personal income.

Lodging receipts and Odometer readings MUST accompany this voucher. The voucher is for reimbursement of expenses, NO ADVANCE PAYMENTS!

In order to protect yourself, you should complete the Travel Expense Form in detail and attach all of your receipts before submitting it for reimbursement.

TRAVEL: (To be based on AAA mileage)

Automobile Travel: \$.50/mile (AS OF FEBRUARY 4, 2013) * For Owner/Operator <u>ONLY</u> NOTE: Any trip over 300 miles one way must be authorized in advance.

PAYMENT NOT ALLOWED IF TRAVEL VOUCHER FORM IS SUBMITTED MORE THAN SIXTY (60) DAYS FOLLOWING DATE EXPENSES WERE ACTUALLY INCURRED.

***** NO VOUCHER WILL BE HONORED AFTER TERMINATION OF PENNSYLVANIA STATE CONVENTION DATE *****