



**VETERANS OF FOREIGN WAR**  
**DEPARTMENT OF NORTH CAROLINA**

**EXPENSE SHEET**

NAME:

TITLE:

DATE	CITY	PURPOSE	NO. OF MILES	MILES @ \$.40	ROOM AMOUNT (RECEIPT MUST BE ATTACHED)	OTHER (requires prior approval by CDR)	TOTAL AMOUNT
<b>Grand Total</b>							<input type="text"/>

**\*\*\*PER INSTRUCTION OF AUDITOR:**

**ALL EXPENSE VOUCHERS MUST HAVE PAID ORIGINAL RECEIPT (not a copy) ATTACHED FOR PAYMENT.**

The Department will pay up to \$75 per night for a room or actual cost, for an approved event.

**Voucher must be submitted not later than 30 days** after expense occurred. Submit only one voucher per month.

No reimbursement will be made when expenses are not submitted within the 30 day limit.

The May voucher must be in department headquarters no later than May 25th to meet the end of year of May 31st.

Remarks:   
 (Insert updated address, email, telephone number and all other instructions here.)

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signed: \_\_\_\_\_