

Veterans of Foreign Wars of the U.S.
Department of North Carolina

Reimbursement Form for Attendance at a **Flying Squadron Training**

Print Name: _____

VFW Membership Number: _____

Complete Mailing Address: _____

From: _____

To and return-Total Mileage: _____

Reimbursement Rate \$.20 per mile _____

Total Reimbursement amount: _____
(To be filled in by Dept. Quartermaster)

Location of Training: _____