

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

Reimbursement Form for Attendance at the VFW Council of Administration OR
Conference

Print Name: _____

VFW Membership Number: _____

Room Number: _____

Complete Mailing Address: _____

Must have in order to process form _____

From: (post): _____

To and return-Total Mileage: _____

(To be filled in by Dept HQ)

Reimbursement Rate \$.30 per mile _____

Total Reimbursement amount: _____

(To be filled in by Dept. Quartermaster)

Note: Checks will be mailed within 14 business days.