

Department of Pennsylvania, Veterans of Foreign Wars of the United States
TRAVEL EXPENSE VOUCHER

Name: _____ Title _____

Address: _____

PURPOSE FOR TRAVEL: _____

TRAVEL

MM/DD/YYYY DEPART	TIME	MM/DD/YYYY ARRIVE	TIME	ODOMETER START	ODOMETER END	MILEAGE	TOLLS	TOTAL
TRAVEL TOTAL								

EXPENSES

MM/DD/YYYY	TYPE	COMMENT	AMT
EXPENSE TOTAL			

TOTAL REIMBERSMENT

REIMBERSMENT 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: _____

Department Quartermaster's Use Only:

Commander/President: _____	Date: _____	
Quartermaster/Treasurer: _____	Date: _____	
Check # _____	Acct # _____	Total: _____

Forward to:

Department of PA VFW
 4002 Fenton Avenue
 Harrisburg, PA 17109

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.
NOTE: 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.
NOTE: Your MILEAGE and PER DIEM will be automatically calculated.
6. Continue filling out the form as above for any additional trips.
NOTE: 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 Department of PA, 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. The Department of PA VFW will reimburse up to \$150.00 per diem for hotel and meals starting July 1, 2018.

Where a hotel room is provided by the Department of PA VFW, or furnished gratis, or not needed or used, per diem will be paid at the rate of \$40/day.
(Breakfast \$9.00 / Lunch \$12.00 / Dinner \$19.00)

TRAVEL: (To be based on AAA mileage)

Automobile Travel: \$.60/mile (AS OF JANUARY 22, 2022) * **For Owner/Operator ONLY**

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 *****