

DEPARTMENT OF ILLINOIS – VETERANS OF FOREIGN WARS
P.O. BOX 13206, SPRINGFIELD, ILLINOIS 62791-3206
PHONE: 217-529-6688 FAX: 217-546-3415

EXPENSE VOUCHER

NAME/TITLE: _____ DATE: _____

ADDRESS: _____

DATE	TRAVEL FROM	TRAVEL TO	ODOMETER START	ODOMETER STOP	NUMBER OF MILES	OTHER AUTHORIZED EXPENSES*
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
TOTAL						

I HEREBY CERTIFY THAT I HAVE INCURRED ALL OF THE ABOVE EXPENSES ON BEHALF OF THE STATE OF ILLINOIS VETERANS OF FOREIGN WARS OF THE UNITED STATES.

_____ SIGNATURE _____ DATE

AMOUNT PAID: _____

CHECK NUMBER: _____ STATE ADJUTANT _____ DATE _____

