

VETERANS OF FOREIGN WARS of the United States

STATE OF DELAWARE



NO ONE DOES MORE FOR VETERANS.

Delaware

DEPARTMENT OF DELAWARE

VSO EXPENSE VOUCHER

DATE: _____

1. The purpose of this form is to provide the Department of DE VSO reimbursement for personal automobile travel mileage for official business only when the Department van is not available.
2. Official mileage will start from the Wilmington VAMC (1601 Kirkwood Hwy, Wilmington, DE 19805) to the destination and back to Wilmington VAMC.
3. The form below must be completed fully, signed and submitted.

(Mileage Reimbursement Rate: \$0.60 Per Mile)

DATE	TRANSPORTATION		OTHER EXPENSES		TOTAL
	MILES	AMOUNT	DESCRIPTION	AMOUNT	
TOTAL					

Receipts for all expenses when obtainable should accompany this expense voucher.

By signing this document, I certify that the expenses shown were incurred for the benefit and in the interest of official VSO duties.

VSO Name (Last, First)

VSO Signature

Approved by:

POST CHECK NUMBER:

DATE:

Quartermaster: