

**DEPARTMENT OF NEBRASKA
VETERANS OF FOREIGN WARS
2431 North 48th, Box 4552
Lincoln, Nebraska 68504**

APPROVED BY:	
DATE:	
ACCT #'s	\$
TOTAL	\$

EXPENSE VOUCHER

Month _____
 Name _____ Title _____ Auto Owner _____
 Address _____ City _____ Zip _____

- Expense voucher must be submitted within thirty (30) days of incurrence of expense.
- Expenses must be authorized by Council or signed by the Officer authorizing expenses.
- Voucher must have receipts attached for hotel, motel, and any items where it is possible to obtain receipts.

DATE	GIVE NAME OR PLACE & NATURE OF SERVICE TO DEPARTMENT	MEALS	LODGING	AUTO MILES	TRAVEL AMT.	AMT. TOTAL
TOTALS						

MISC. EXPLANATION IN FULL _____ AMOUNT _____

GRAND TOTAL _____

SIGNATURE _____ DATE _____