

DISABLED AMERICAN VETERANS  
STATE DEPARTMENT OF MISSOURI  
411 E. Northtown Rd.  
Kirksville, MO 63501

TRAVEL EXPENSE VOUCHER

NAME: \_\_\_\_\_ HOR \_\_\_\_\_

FROM (Place): \_\_\_\_\_ DATE: \_\_\_\_\_

TO (Place): \_\_\_\_\_ DATE: \_\_\_\_\_

PURPOSE: \_\_\_\_\_

AIR TRAVEL ..... \_\_\_\_\_

AUTO TRAVEL \_\_\_\_\_ MILES \$0.67 Per Mile ..... \$ \_\_\_\_\_

\* HOTEL OR MOTEL: \$ \_\_\_\_\_

\* OTHER EXPENSES \$ \_\_\_\_\_

\* PER DIEM \_\_\_\_\_ DAYS @ \$65.00 PER DAY \$ \_\_\_\_\_

\* (LIST THESE ON BACK OF FORM) TOTAL EXPENSES \_\_\_\_\_

LESS ADVANCES \_\_\_\_\_

NET AMOUNT DUE \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

VERIFIED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_

TITLE: ADJUTANT

Initials

This is to certify that this expense voucher submitted by the undersigned to DAV State Department of Missouri Headquarters and thereafter reimbursed by DAV State Department Headquarters to the undersigned (or in the case of cash advances, accounted for) was not reimbursed by anyone else, and it was, in my judgment, expended solely and exclusively for purposes connected with the performance of my duties in my executive capacity with the DAV State Department of Missouri.