

**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 \$0.70 Per Mile \$ _____

* HOTEL OR MOTEL: \$ _____

* OTHER EXPENSES \$ _____

* PER DIEM _____ DAYS @ \$70.00 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.