## VETERANS OF FOREIGN WARS OF WEST VIRGINIA

|  |  |
| :--- | ---: |
| Kami Elliott | Name (print): |
| State Commander | Mailing Address: |
|  |  |

## State Headquarters

P.O. Box 9431

5532 MacCorkle Ave., SW
South Charleston, WV 25309
Phone: (304) 768-7514 Fax: (304) 768-1407

When completed, send direct to the state Headquarters for the Commander's approval. Expense vouchers must be turned in within thirty (30) days following each Council of Administration meeting, and every thirty (30) days between Council meetings.

The following expenses were incurred on business for the State of West Virginia Veterans of Foreign Wars

| Date | Round Trip From/To | \# Miles | $\begin{aligned} & \$ 0.50 \\ & \text { /mile } \end{aligned}$ | Hotel | Misc. | Total | Reason |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  | Total |  |  |

Receipts for all expenditures for lodging, meals, and misc. must accompany this expense voucher.
I, hereby, certify the expenses shown above amounting to $\qquad$ were incurred for the benefit and interest of the State of West Virginia, Veterans of Foreign Wars

Approved $\qquad$
State Commander
Approved $\qquad$

