# DEPARTMENT OF SOUTH CAROLINA

Veterans of Foreign Wars of the United States
(NOTE: Travel at $0.35 cents per mile)

***ALL ENTRIES SHALL BE LEGIBLE AND RECEIPTS ANNOTATED AS TO WHICH ITEMS ARE TO BE REIMBURSED**

**Expense Account of: (Name) _____ Title: _____**

**Address:_____ Phone No. _____ Cell No. _____**

| DATE | FROM | TO | PURPOSE | MILES | AMOUNT |
|---|---|---|---|---|---|
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## OTHER EXPENSES

| | | |
|---|---|---|
| **LODGING: (Attach Receipt/s)** | **Amount: ($000.00)** | |
| **MEALS: (Attach Receipt/s** | **Amount: ($000.00)** | |
| **OTHER: (Explain)** | **Amount: ($000.00)** | |
| **GRAND TOTAL OF ALL EXPENSES SUBMITTED:** | | $ 0.00 |

I do hereby certify that the expenses listed above are true and correct as incurred by me for the purpose as designated.

**Date: _____ Signature: _____**

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