DEPARTMENT OF WASHINGTON VFW

TRAVEL EXPENSE REIMBURSEMENT & ACH AUTHORIZATION

CLAIMANT INFORMATION

Name: _____ Date Submitted: _____

Address: _____ City / State / ZIP: _____

Email: _____ Phone: _____

Position: _____ Post / District: _____ / _____

TRAVEL INFORMATION

☐ School of Instruction ☐ Convention ☐ Mid-Winter ☐ Western Conference ☐ COA ☐ Inspection

☐ Other _____

Travel Dates: _____ to _____

MILEAGE

DATE	FROM (ADDRESS)	TO (ADDRESS)	MILES

TOTAL MILES _____ @ $0.70 = $_____

PER DIEM

DAY 1 (DATE):
DAY 2 (DATE):
DAY 3 (DATE):
DAY 4 (DATE):
DAY 5 (DATE):
DAY 6 (DATE):
DAY 7: (DATE):

TOTAL DAYS _____ @ $84.80 = $_____

LODGING

DATE(S)	HOTEL/LODGING NAME	NIGHTS	NIGHTLY RATE	TOTAL (Nights x Nightly Rate)
			$	$
			$	$
			$	$
			$	$
			$	$

TOTAL LODGING = $_____

MISC EXPENSES

DATE	EXPENSE TYPE	EXPENSE AMOUNT

TOTAL MISC = $_____

EXPENSE SUMMARY

TOTAL MILEAGE	$
TOTAL PER DIEM	$
TOTAL LODGING	$
TOTAL MISCELLANEOUS	$

TOTAL CLAIM = $_____

ACH PAYMENT

Bank Name: _____

Routing Number: _____ Account Number: _____

Account Type ☐ Checking ☐ Savings

CERTIFICATION

Signature _____ Date _____

DEPARTMENT USE ONLY

Check No.: _____ ACH Date: _____ Commander: _____ Rev. 26-27