



National Association of County Veteran Service Officers, Inc.

Expense Voucher Request Purpose: ☐ Travel ☐ Purchase ☐ Service ☐ Other

Name			Office/Committee	
Address			Phone	
City		State	Zip Code	

Trip Departure		Trip Return		Total Days of Per Diem*
Date/Time:		Date/Time:		
Trip Location		Hotel Location (per diem is paid based on this location)		
City/State:		City/State:		
Purpose of Travel				

Expenses	Dates	Details				Amount
Transportation		<input type="checkbox"/> Air	<input type="checkbox"/> Taxi	<input type="checkbox"/> Rental car	<input type="checkbox"/> Other	
		<input type="checkbox"/> Air	<input type="checkbox"/> Taxi	<input type="checkbox"/> Rental car	<input type="checkbox"/> Other	
		<input type="checkbox"/> Air	<input type="checkbox"/> Taxi	<input type="checkbox"/> Rental car	<input type="checkbox"/> Other	
Own car - Mileage						
Lodging						
Per Diem						
Conference Fees						
Other Travel Exp.		Purpose:				
		Purpose:				
		Purpose:				
		Purpose:				
Purchase		Item:				
Service		Type:				
Other						
		Subtotal				
		Less amount paid in advance				
		Total amount owed				

Requesters Signature		Date	
Approved by		Date	
Budget Line item		Amount	
Budget Line Item		Amount	

Please attach receipts for all listed expenses, sign the form and send to the Treasurer