



UKRAINIAN AMERICAN VETERANS, INC.



TRAVEL EXPENSE VOUCHER

DATE: _____

PAYEE: _____

ADDRESS: _____

DESTINATION: _____

AUTOMOBILE:

- a. _____ MILES x 57.5 CENTS PER MILE = \$ _____
 - b. TOLLS: \$ _____
 - c. PARKING: \$ _____
- TOTAL AUTOMOBILE EXPENSE: \$ _____

OTHER TRANSPORTATION:

- a. DESCRIBE (bus, plane, train, taxi, etc.) _____
- b. EXPENSE: \$ _____

LODGING:

a. _____ DAYS TOTAL: _____ x 50% = \$ _____

OTHER EXPENSES:

SUMMARY:	AUTOMOBILE:	\$ _____
	OTHER TRANSPORTATION:	\$ _____
	LODGING:	\$ _____
	OTHER:	\$ _____
	TOTAL:	\$ _____

SIGNATURE OF CLAIMANT: _____

Please attach receipts for all expenses \$10 and greater

For Use by Finance Officer Only:		
CHECK #:	DATE PAID:	AMOUNT:
APPROVED BY:	_____	_____
Printed Name	Signature	Date

UAV National Finance Officer
 201 Osprey Point Dr
 Osprey, FL 34229-9234
 email: uavfinance@gmail.com