



UKRAINIAN AMERICAN VETERANS, INC.



TRAVEL EXPENSE VOUCHER

DATE: _____

PAYEE: _____

ADDRESS: _____

DESTINATION: _____

AUTOMOBILE:

a. _____ MILES x 62.5 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

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Chicago, IL 60622-8217

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