



UKRAINIAN AMERICAN VETERANS, INC.



TRAVEL EXPENSE VOUCHER

DATE: \_\_\_\_\_

PAYEE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DESTINATION: \_\_\_\_\_

AUTOMOBILE:

- a. \_\_\_\_\_ MILES x 67 CENTS PER MILE = \$ \_\_\_\_\_
  - b. TOLLS: \$ \_\_\_\_\_
  - c. PARKING: \$ \_\_\_\_\_
- TOTAL AUTOMOBILE EXPENSE: \$ \_\_\_\_\_

OTHER TRANSPORTATION:

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

LODGING:

- a. \_\_\_\_\_ DAYS TOTAL: \_\_\_\_\_ x 50% = \$ \_\_\_\_\_

OTHER EXPENSES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUMMARY:	AUTOMOBILE:	\$ _____
	OTHER TRANSPORTATION:	\$ _____
	LODGING:	\$ _____
	OTHER:	\$ _____
	<b>TOTAL:</b>	\$ _____

SIGNATURE OF CLAIMANT: \_\_\_\_\_

**Please attach receipts for all expenses \$10 and greater**

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

**UAV National Finance Officer**  
 2135 W Potomac Ave  
 Chicago, IL 60622-8217  
 email: [uavfinance@gmail.com](mailto:uavfinance@gmail.com)