



UKRAINIAN AMERICAN VETERANS, INC.



TRAVEL EXPENSE VOUCHER

DATE: _____

PAYEE: _____

ADDRESS: _____

START ADDRESS: _____

DESTINATION: _____

AUTOMOBILE: _____

a. _____ MILES x \$0.76 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: \$ _____

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

2135 W Potomac Ave

Chicago, IL 60622-8217

email: uavfinance@gmail.com

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