



**PENNSYLVANIA STATE COUNCIL  
VIETNAM VETERANS OF AMERICA, INC.**

**TRAVEL EXPENSE VOUCHER**

*Attach copies of all receipts (cash and credit) to the back of this form.*

|                      |               |                     |
|----------------------|---------------|---------------------|
| <b>Requested by:</b> | <b>Phone:</b> | <b>Week ending:</b> |
|----------------------|---------------|---------------------|

**Purpose of Trip:**

|                            | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|----------------------------|--------|---------|-----------|----------|--------|----------|--------|
|                            | City   | City    | City      | City     | City   | City     | City   |
|                            | State  | State   | State     | State    | State  | State    | State  |
| <b>Hotel/Motel Room</b>    |        |         |           |          |        |          |        |
| <b>Breakfast</b>           |        |         |           |          |        |          |        |
| <b>Lunch</b>               |        |         |           |          |        |          |        |
| <b>Dinner</b>              |        |         |           |          |        |          |        |
| <b>Gratuities</b>          |        |         |           |          |        |          |        |
| <b>Plane/Rail/Bus Fare</b> |        |         |           |          |        |          |        |
| <b>Taxi/Bus/etc.</b>       |        |         |           |          |        |          |        |
| <b>Mileage</b>             |        |         |           |          |        |          |        |
| <b>Turnpike Tolls</b>      |        |         |           |          |        |          |        |
| <b>Parking Fees</b>        |        |         |           |          |        |          |        |
| <b>Telephone</b>           |        |         |           |          |        |          |        |
| <b>Misc.</b>               |        |         |           |          |        |          |        |
| <b>Totals</b>              |        |         |           |          |        |          |        |

**Total disbursement:** \$ \_\_\_\_\_

**Payee:**

**Mailing Address:**

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

| Debit   |        | Credit  |        |
|---------|--------|---------|--------|
| Account | Amount | Account | Amount |
|         |        |         |        |
|         |        |         |        |
|         |        |         |        |
|         |        |         |        |
|         |        |         |        |

**Committee:**

**Finance Committee**

**Reconciliation:**

Total per above \_\_\_\_\_

**Less:**

Credit Card \_\_\_\_\_

Cash Advanced \_\_\_\_\_

Personal \_\_\_\_\_

Total Reductions \_\_\_\_\_

**Balance Due:** \$ \_\_\_\_\_

**Check #:** \_\_\_\_\_ **Date:** \_\_\_\_\_