



KEEPING OUR PROMISE TO AMERICA'S VETERANS

DAV, Department of Louisiana
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TRAVEL EXPENSES FORM

Name: _____ Date: _____
Title: _____ Dates of Event: _____
Address: _____ Event: _____
Location: _____
Phone: (H) _____ Email: _____
(C) _____

AUTHORIZED TRAVEL
(Check ONLY One)

_____ Air) (_____ Rail) (_____ Bus) \$ _____

Auto: _____ Miles @ _____ Per Mile \$ _____

Odometer Readings: _____ to _____

Tolls: (Receipts MUST be attached) \$ _____

Lodging: (Single Room Rate Only)
_____ Days @ \$ _____ per day \$ _____
(Receipts MUST be attached)

Meals: _____ Authorized Days at \$25.00 per Diem \$ _____
(Receipts MUST be attached)

Additional Expenses: (Itemized)
\$ _____
\$ _____
\$ _____
\$ _____

TOTAL EXPENSES \$ _____

NOTE: The above expenses were incurred by the undersigned in service for the DAV, Department of Louisiana and not reimbursed from any other source. All expenses must be verified by original receipt. All un-receipted expenses will be deducted from your total expenses incurred.

APPLICANT: _____ AUTHORIZED BY: _____
ACCOUNT: _____ CHECK # _____