



Disabled American Veterans
 Department of Louisiana
 Suite 113
 1885 Wooddale Boulevard
 Baton Rouge, LA 70805-1500
 225-925-8396
 FAX 225-925-5993



TRAVEL EXPENSES FORM

Name: _____

Date: _____

Title: _____

Dates of Event: _____

Address: _____

Event: _____

Location: _____

Phone: (Cell) _____ (Home) _____

Email: _____

AUTHORIZED TRAVEL (Check 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 # _____