



AMVETS Department of Wisconsin Reimbursement Voucher

Check one box only

Date: _____

Department

Hospital & Service Foundation

Make check Payable to: _____ Title: _____

Address:

Street City State Zip

Event details:

Use reverse side if more space is needed for event details.

Location: _____ Date(s): _____

Mileage: _____ Miles at _____ per mile = \$ _____

Lodging: _____ Nights at _____ per night = \$ _____

Other expense: _____ = \$ _____

TOTAL EXPENSES: \$ _____

Signature: _____

.....
Approved by Department:

Cmdr/H&S F Chair: _____ Finance Officer: _____

Signature

Signature

Date: _____ Check #: _____ Remarks: _____