

**DAV Auxiliary - State Department of North Carolina
TRAVEL EXPENSE STATEMENT**

Submit expense sheet to: DAV Auxiliary State Adjutant, 5132 Mako Drive, Wilmington, NC 28409, within 30 days of incurred expense. Receipts for all claimed expenses must accompany this expense sheet. Fact sheets must be attached for all Unit Travels.

Name: _____ Title: _____

Address: _____

From (Place): _____ To (Place): _____

Purpose / Program Name: _____ Advance Requested: _____

DAY	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	Total
DATE								
Airline/Bus/Train								\$ -
Hotel								\$ -
Meals:								
Breakfast								\$ -
Lunch								\$ -
Dinner								\$ -
Postage								\$ -
Office Supplies								\$ -
Taxi Cab								\$ -
Telephone								\$ -
Tips								\$ -
Miscellaneous								\$ -
Auto Travel								
Miles Per Day								0
						\$ 0.30 per mile		\$ -

This is to certify that this expense statement has not been, nor will be, reimbursed by anyone else; and it was in my judgment, expended solely and exclusively for purposes connected with the performance of my duties in my executive capacity with the Disabled American Veterans Auxiliary, State Department of North Carolina.

Total Expenses \$ _____
 Advanced \$ _____
 Balance Owed \$ _____
 Refund Owed \$ _____

Submitted by: _____ Date: _____

VOUCHER SECTION - ADMINISTRATIVE USE ONLY

Received by Adjutant: _____	Received by Commander: _____
Returned for Corrections on: _____	Submitted to Treasurer: _____
Submitted to Commander: _____	Received by Treasurer: _____
Pay to the Order of: _____	VOUCHER #: _____
Account Name: _____	Amount: \$ _____
Account Name: _____	Amount: \$ _____
Account Name: _____	Amount: \$ _____
	Total to be Paid \$ _____
Approved & Authorized by: _____ Date _____	Approved & Authorized by: _____ Date _____
State Adjutant/Finance Chairman	State Commander