

DAV DEPARTMENT OF TENNESSEE

TRAVEL VOUCHER

Disabled American Veterans

Claim for Travel Expense

Type or Print in Ink / Attach All Receipts

| Date | Departed From | Destination | Miles |
|------|---------------|-------------|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | Total Miles | |

| | | | |
|---------------------|-----------------------|-----------|----|
| Name | Money Amount Per Mile | x.20 | |
| Title | Total \$ Amount | | |
| Address | Airline Total | | |
| City | Taxi Total | | |
| Zip | Lodging Total | | |
| | Misc. Total | | |
| | Total Days of Travel | | |
| Pre-Authorized Date | Per Diem Amount/Daily | x \$30.00 | |
| Pre-Authorized By | Total Per Diem | | |
| Purpose of Travel | | | |
| | Voucher Total | | \$ |

| | |
|---|------|
| I Certify That This Claim is True and Correct: | |
| Signature | Date |
| Commander's Approval | Date |
| Treasurer's Approval | Date |

VOUCHER WILL NOT BE PAID WITHOUT ORIGINAL RECEIPTS

| | |
|-----------------------|--|
| Treasurer's Use Only: | |
| Fund | |
| Check # | |
| Date Rcvd | |
| Date Paid | |
| Authorized By | |