

DISABLED AMERICAN VETERANS

DEPARTMENT OF TENNESSEE

TRAVEL VOUCHER

Type or Print Clearly

Date	Departed From	Destination	Miles
		Total Miles	

Name	Money Amount Per Mile	0.59	
Title	Total \$ Amount		
Address	Airline Total		
City	Taxi Total		
Zip	Lodging Total		
	Misc. Total		
Pre-Authorized Date			
Pre-Authorized By			
Purpose of Travel	Total Days 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	