

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 .59	
Title	Total \$ Amount		
Address	Airline Total		
City	Taxi Total		
Zip	Lodging Total		
	Misc. Total		
	Total Days of Travel		
Pre-Authorized Date			
Pre-Authorized By			
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	