Department of Nevada, Veterans of Foreign Wars of the U.S.

Name:			Title:
E-mail:			Organization:
Item	**Amount**	**Line Item**	**Purpose**
1			
2			
3			
Total	**$**		

Expenses	Date(s)	Details	Amount
		Note: 2010 IRS allowed rate for POV mileage is $0.50.	
		Subtotal	
		Less amount paid by VFW	
		Total amount owing to Member	

Signature	Date:	

Please attach receipts for all listed expenses, sign the form and send to the State Quartermaster.

Check Date _____

Check Number _____

Line Item Number: _____