

Department of Alabama Disabled American Veterans Expense Voucher



Experise Voucher No				
Name:				
Address:				
Department Position:				
I hereby request reimbursement for expenses in	ncurred by me on DAV, D	Department of Alabar	na busines	ss on
(Date)				
Travel From	To		an	d return
Total miles traveled		@.35 Per Mile	\$	
Other Expenses:				
			\$	
				·
				·
				·
		penses		·
I certify the above expenses were used for the				
This is to certify that this expense voucher thereafter reimbursed by the Department o accounted for) was not reimbursed by an exclusively for the purposes connected with Disabled American Veterans.	of Alabama to the understayone else, and it was,	signed (or in the ca	ase of cas expended	h advances, solely and
Signed	Title	Date		
Approved by Department Comma	ander			
Department Senior	Vice Commander			
Paid by Check Number		Dated		
Paid Amount \$	Department Treasurer_			