



VIETNAM VETERANS OF AMERICA INC
OREGON STATE COUNCIL
REIMBURSEMENT FORM

Name: _____

(Please Print)

Address: _____

Phone: () _____

Purpose of Travel or Expense: _____

Point of Origin: _____

Destination: _____

Depart Date/Time: _____ Return Date/Time: _____

Total Days in Travel Status: _____

1. Travel: Plane, Train (Economy Rate)	\$ _____
Bus/Taxi	\$ _____
Car (\$0.65/mile). Miles: _____	\$ _____
Parking/Other	\$ _____
Total	\$ _____

2. Per Diem (\$50.00/day Maximum)	\$ _____
12.50 – Breakfast	
14.50 – Dinner	
23.00 - Supper	

3. Lodging (Maximum \$125.00 per night) \$ _____

4. Other (Explain) _____ \$ _____

Grand Total \$ _____

Signature: _____ Date _____

All requests and related receipts must be turned in within 30 days of the expenses
Mail to (along with the receipts): OSC VVA, PO Box 1221, La Pine, OR 97739