

VVA Chapter 391
NON TRAVEL
REIMBURSEMENT CLAIM FORM

Name: _____ Position /Committee _____
 Budget to charge _____
 Address: _____ City: _____
 State: _____ Zip: _____ Phone: _____
 Purpose Expense (Include dates): _____

Expenses:

1. Reimbursement Items: *(Attach Receipts)*

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____
- G. _____
- H. _____
- I. _____
- J. _____
- K. _____
- L. _____

2. Grand Total: _____

3. Signature: _____ **Date:** _____

NOTE: *Non-Budgeted Items - must receive approval by Finance Committee*

Mail to: Vietnam Vets 391
 P. O. Box 5391
 Sonora, CA 95370

Expense Category:

<u>ACCOUNTING USE ONLY</u>	
Date Paid :	
Check #:	Amount :

- 1.) _____
- 2.) _____
- 3.) _____