

## VIETNAM VETERANS OF AMERICA INC OREGON STATE COUNCIL REIMBURSEMENT FORM

Name:		
(Please Print)		
Address:		
Phone: ( )		
Purpose of Travel or Expense:		<del></del>
Point of Origin:		
Destination:		
Depart Date/Time: Return Date/Time:		
Total Days in Travel Status:		
1. Travel: Plane, Train (Economy Rate)	\$	
Bus/Taxi	\$	
Car (\$.70/mile). Miles:	\$	
Parking/Other	\$	
Total	\$	_
<ol> <li>Per Diem (\$50.00/day Maximum)</li> <li>12.50 – Breakfast</li> <li>14.50 – Dinner</li> <li>23.00 - Supper</li> </ol>		\$
Lodging (Maximum \$180.00 per night)     Delegates are encouage to share Cost		\$
4. Other (Explain)		\$
Grand Total		\$
Signature:		Date

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