

OHIO VFW AUXILIARY - EXPENSE VOUCHER

Mail to: Ohio VFW Auxiliary, 35 E Chestnut St, Suite 508, Columbus, OH 43215

Or Email to: treasurer@vfwauxoh.org (Absolutely NO pictures by phone)

Name: _____ Title / Office: _____

Street: _____ City: _____ State: _____ Zip Code: _____

Date (s): _____

Event	District No.	Auxiliary No.	Location
District Meeting			
District Auxiliary Inspection			
Department June C of A			
Department Mid-Winter			
Department Convention			
Department Auxiliary Assistance			
Department Representative			
Other Expense			

**When Auxiliary members share a room, the per diem is split per budget*

***Must be in a VFW approved hotel to receive per diem*

Department Standing Rules govern lodging:

Shared room with: _____

Lodging _____ Nights @ \$ 40.00 = \$ _____

Total Amount \$ _____

Signature

Date

FOR DEPARTMENT TREASURER USE ONLY

Voucher Number: _____

Amount \$ _____

Account Number: _____

Auxiliary Fund: _____

Department Treasurer signature / date

Department President signature / date