

Name \_\_\_\_\_  
 VFW Card # \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_  
 Veterans of Foreign Wars  
 of Ohio Charities  
 Agent VFW Post # \_\_\_\_\_  
 Event Expenses to School of Instruction  
 Approved By \_\_\_\_\_  
 Date Approved \_\_\_\_\_

Treasurer use only	
Account Number	_____
Account Number	_____
Account Number	_____
Date	_____
Check Number	_____

Date	Description	Amount
	Attended VFWOC School of Instruction	
	Number of nights _____ x \$85.00 (See # 3 below)	<b>SUBTOTAL</b>
	Check one: _____ Mid-Winter _____ State Convention	
	_____ July C of A	
	Roundtrip mileage to attend VFWOC School of Instruction	
	Miles x .14 cents	<b>SUBTOTAL</b>
		<b>TOTAL</b>

In accordance with the Veterans of Foreign Wars of Ohio Charities Operations Policy (see page 10) to be reimbursed for attending a VFWOC school of instruction you must:

1. Enter name, VFW card number, & address at top **(One voucher per member)**
2. To be reimbursed for housing you must enclose a hotel bill **in your name** for the number of nights.
3. You may be reimbursed by your own post's VFWOC funds for **up to \$85.00 only per diem**  
 For **Mid-Winter** the **maximum** number of reimbursable nights is **3**; for **State Convention** **4 nights**;  
 for **July C of A** **2 nights**  
No other extra charges such as taxes, meals or parking are to be submitted
4. To be reimbursed for mileage, calculate roundtrip mileage times **.14 cents**

**THIS VOUCHER AND HOTEL RECEIPT ARE TO BE SUBMITTED ALONG WITH THE BANK STATEMENT THAT SHOW REIMBURSEMENT CHECK HAS CLEARED. DO NOT SEND SEPARATELY.**