

Texas VFW Reimbursement Form

10/31/2022

Name							Title						
Address													
				Dep / Rtn	Rate	Non Tvl	\$55 Non Tvl	Lodging	Round Trip	Mileage	Misc	Total	
Dep Date	Rtn Date	Place & Reason for Trip		Days	\$41.25	Overnights	Per Diem	Expenses	Miles	@\$.60	Expenses	Expenses	
<p>1 Use form for reimbursement of all VFW business / travel related expenses.</p> <p>2 All original detailed / itemized receipts must accompany this request.</p> <p>3 Entertainment per IRS requirements.</p> <p>4 List one (1) trip per line. No more than five (5) trips per form.</p> <p>5 Keep a copy for your files.</p> <p>6 <u>Must be submitted within 30 Days of first event date.</u></p> <p>7 Date = Start date of trip.</p> <p>8 Place and Reason = List place traveled to and reason or purpose of trip.</p> <p>9 Dep / Rtn = List <u>1st and last day of overnight travel for this trip.</u> Should be no more than <u>two (2)</u> and will be <u>one (1)</u> if going to more than one (1) location.</p> <p>10 Rate = Amount of Per Diem for 1st and last day of overnight travel at \$41.25 per day.</p> <p>11 Non Tvl Overnights = Days of overnight non-travel <u>other than 1st and last day.</u></p> <p>12 Non Tvl Per Diem = Per Diem is \$55.00 per overnight non-travel day. Multiply no. of days X \$55.00 = total.</p> <p>13 Lodging Expenses = Total cost of lodging - itemized receipt required.</p> <p>14 Round Trip Miles = Round trip miles from your house and back. <i>List one (1) way if subsequent trips are not back to your house. For example, attending two (2) District meetings over one (1) weekend; mileage from your house to District 1 to District 2, and back to your house.</i></p> <p>Note:</p> <p>15 Mileage = Total miles multiplied by \$.62.5 = allowable reimbursement for travel by vehicle or cost of air fare.</p> <p>16 This is for any miscellaneous expenses, itemized receipts with business purpose required. Use back for details on who, what, and when.</p> <p>17 Total Expenses = Dep / Rtn Per Diem, Non TVL Per Diem, lodging expenses, mileage and miscellaneous expenses.</p> <p>18 Add all totals of Line 1 together for subtotal, subtract any advances leaving total amount of reimbursement.</p>										Subtotal			
										Deductions			
								Date		Total			
										Signature			
										State QM Approval Signature			
										Notes:			