

REIMBURSEMENT VOUCHER
Michigan Department VFW Auxiliary
924 N. Washington Avenue
Lansing, MI 48906
FAX: 517-485-6432

Date: _____

Payable to:

Name _____

Title _____

Address _____

Date	Event	Miles \$.40	Lodging \$50	Amount

TOTAL _____

Payment Approval by Department President _____