

REIMBURSEMENT VOUCHER
Michigan Department VFW Auxiliary
1117 Michigan St., Midland, 48640
FAX: 517-485-6432
Email: mitreas@asiserve.net

Date: _____

Payable to:

Name _____

Title _____

Address _____

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

TOTAL _____

Payment Approval by Department President _____