

Veterans of Foreign Wars
Suffolk County Council
Expense Voucher

Name _____
Date _____
For period of _____

Automobile Mileage of .25 cents per mile

Date	Purpose	Round Trip Mileage
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Miles _____

Other _____

Check Number _____ Miles: Total _____
Check Date _____ Other: Total _____
Total Amount Paid _____

Approved by _____

Received by _____

Attach receipts and mileage diary