



TRAVEL EXPENSE CLAIM/REIMBURSEMENT FORM

Submit Completed Form to:

Zita Barree
 9008 Spyglass Hill Mews
 Chesterfield, VA 23832
 (804) 639-3323 Voice
 (804) 639-3324 FAX

CLAIMANT NAME:

CLAIMANT ADDRESS:

Street Address, City, State and Zip Code

SECTION I - RECAP OF EXPENSE

EXPENSE CLASSIFICATIONS	DATE:	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	CATEGORY TOTALS
BREAKFAST									
LUNCH									
DINNER									
MEAL TOTALS		-	-	-	-	-	-	-	\$ -
LODGING									\$ -
AIRLINE TICKETS									\$ -
AUTO RENTAL									\$ -
TAXI OR LIMO									\$ -
TELEPHONE									\$ -
PARKING/TOLLS									\$ -
MILES TRAVELED (0.485 per mile)									
TOTAL \$ FOR MILEAGE		-	-	-	-	-	-	-	\$ -
OTHER (specify in Comments section)									\$ -
OTHER (specify in Comments section)									\$ -
DAILY TOTALS		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

COMMENTS:

LESS CASH ADVANCE:

LESS EXPENSES BILLED TO VASFAA

AMOUNT DUE TO SUBMITTER:

SECTION II - EXPLANATION OF TRAVEL EXPENSES

MEETING NAME	MEETING LOCATION	DATE(S) OF MEETING		CHARGE TO	DETAILED EXPLANATION OF BUSINESS REASON FOR TRAVEL
		FROM	TO		

I certify that the above is a true statement of expenses incurred by me on official authorized business on behalf of VASFAA, Inc.

CLAIMANT'S SIGNATURE: _____

DATE: _____

FOR TREASURER'S USE ONLY

DATE PAID:

AMOUNT PAID:

CHECK #:

CHARGE TO:

PRESIDENT'S APPROVAL: _____