DEPARTMENT OF MASS, VFW

24 BEACON ST. SUITE 546-1
STATE HOUSE
BOSTON MA 02133

VOUCHER

NAME_____ TITLE _____

ADDRESS_____ CITY/ST_____MA ZIP_____ PERIOD_____TO_____

DATE	FROM	TO	PURPOSE	(DO NOT WRITE IN THIS COLUMN)

NOTE:

1. **HIGHWAY TOLLS ARE NOT REIMBURSABLE.**
2. **TRAVEL AND OTHER EXPENSES OVER THIRTY (30) DAYS WILL NOT BE APPROVED FOR PAYMENT.**

TOTAL MILEAGE _____

$0.55 PER MILE _____

OTHER -SUBMIT COPY OF RECEIPT(S) _____

TOTAL REIMBURSEMENT _____

MAIL COMPLETED FORM TO STATE ADJUTANT AT ADDRESS ABOVE

APPROVED FOR PAYMENT

STATE ADJUTANT _____

DATE _____