

County Veterans Service Officers Association (CVSOA) Travel Expense Form
*****A claim can only be paid when a county is unwilling or unable to pay travel costs*****

Name: _____ Purpose of Travel: _____
 Address: _____ Travel From/To: _____
 _____ Date/Time of Departure: _____
 Phone: _____ Date/Time of Return: _____
 Office/Committee: _____ Total mileage (round trip): _____

Date(s)	Expense	Details	Amount
	Private auto mileage	Current federal IRS rate - \$.20	\$
	Private auto mileage	Current federal IRS rate - \$.20	\$
	Other Transportation	Air / Rental Car / Taxi / Other	\$
	Other Transportation	Air / Rental Car / Taxi / Other	\$
	Lodging	Maximum state rate	\$
	Lodging	Maximum state rate	\$
	Meals	Maximum \$25 per day	\$
	Meals	Maximum \$25 per day	\$
	Other	Purpose:	\$
	Other	Purpose:	\$
		Total:	\$

Explanation of above expenses (if necessary): _____

 Claimant's signature/date 2nd Vice President signature/date
(President's signature if travel is for 1st or 2nd Vice)

Ensure receipts for all claimed expenses are attached. Electronic submissions are strongly encouraged.