

Department of Montana VFW  
 P.O. Box 4789  
 Ft. Harrison, MT 59636



## Expense Report

NAME: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

Date	Location	Mileage@.50	Lodging	Meals	Other	Total
Column Totals						
					<b>Total due</b>	

Signature: \_\_\_\_\_

Approved by: \_\_\_\_\_

All orders are pay in prepay.

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 E-mail: montanavfw@gmail.com