

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
<b>Column Totals</b>						
					<b>Total due</b>	

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

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

All orders are pay in prepay.

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Fax: 406-324-3993  
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