

**Disabled American Veterans - Department of Michigan**

*16925 Masonic, PO Box 26031, Fraser, Michigan 48026*

**TRAVEL EXPENSE VOUCHER - DEPARTMENT**

<b>Name</b>			
<b>Home Address</b>		<b>Phone</b>	
<b>Email</b>			

<b>TRAVEL DETAILS:</b>	
Departure Date	
Return Date	
From (place)	
To (place)	
Purpose of travel	

*Note: Enter meal quantity & amount will calculate in column A*

**TRAVEL EXPENSES:**

		<b># of meals</b>
\$ -	Hotel \$125.00-\$150.00 per night plus taxes & fees**	
\$ -	Breakfast(s) \$10.00 per day	-
\$ -	Lunch(es) \$15.00 per day	-
\$ -	Dinner(s) 25.00 per day	-
\$ -	Bridge Fare \$8.00 roundtrip	
\$ -	Other - Parking, airfare, cab, train etc.	

(\*\* or actual hotel cost if less than Department rates)

Please note hotel receipts must be turned in - food and bridge receipts are not required

**For those authorized to drive:**

	<b>Y/N</b>
Did you drive a vehicle?	-
Did you ride with another attendee?	-

If yes, who? \_\_\_\_\_

\$ -	Auto travel mileage @ \$0. 655per mile (current IRS rate)	-	<b># of miles roundtrip</b>
<u>\$ -</u>	<b>Total Travel Expenses</b>		

**All Department travel rates are in accordance with Board Policies**

*This is to certify that this expense voucher submitted by the undersigned to Department of Michigan Headquarters and thereafter reimbursed by Department Headquarters to the undersigned was not reimbursed by anyone else. And it was, in my judgement, expended solely and exclusively for purposes connected with performance of my duties in my capacity with Disabled American Veterans*

_____	_____	_____
<i>(title)</i>	<i>(signature)</i>	<i>(date submitted)</i>

_____	_____	_____
<i>(approver's title)</i>	<i>(approver's signature)</i>	<i>(date approved)</i>

_____	_____	_____
<i>(approver's title)</i>	<i>(approver's signature)</i>	<i>(date approved)</i>

## TRAVEL VOUCHER INFORMATION:

\*The approvers' of the travel voucher are the State Adjutant and State Treasurer.

The Department will obtain their signatures upon receipt of completed voucher and applicable receipts

\*Complete Travel Voucher if visiting a Chapter (please also complete the Visiting Officers Report. Link below)

<https://www.mi-dav.org/Resources/Publications-Forms/FolderID/541>

\*No receipts are required for meals; the rates are per diem

\*Hotel receipts are required

## SUBMIT COMPLETED VOUCHER (MUST BE COMPLETE, SIGNED AND DATED) and APPLICABLE RECEIPTS TO:

Option #1: Email to: Kelly@davmichigan.com

or

Option #2: Mail to: DAV Department of Michigan  
16925 Masonic  
PO Box 26031  
Fraser MI 48026

Please allow two weeks for processing.

QUESTIONS? Please email to: Kelly@davmichigan.com or MIDAVHQ@DAVMICHIGAN.com