

STATE OF IOWA
VETERANS OF FOREIGN WARS
STATEMENT OF ACCOUNTS

NAME: _____ DATE _____

FROM: _____ TOTAL MILES _____ @\$.35 \$ _____

OTHER EXPENSES: (If out over night, list cost of meals and incidental expenses)

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

TOTAL EXPENSES: \$ _____

DATE OF TRIP: _____

REASON FOR EXPENSES:

SIGNATURE: _____

TITLE: _____