

VFW OHIO CHARITIES SCHOOL OF INSTRUCTION VOUCHER

Name _____
 VFW Card # _____
 Street _____
 City _____

**Veterans of Foreign Wars
 of Ohio Charities**

Agent VFW Post # _____

Event Expenses for
 School of Instruction _____

Approved By _____
 Date Approved _____

Treasurer use only	
Account Number	_____
Account Number	_____
Account Number	_____
Date	_____
Check Number	_____

Date	Description	Amount
	Attended VFWOC School of Instruction	
	One (1) night x \$ _____ up to \$150.00 (Including taxes) SUBTOTAL	
	Check one: _____ Mid-Winter _____ State Convention	
	_____ July C of A _____ OTHER	
	Roundtrip mileage to attend VFWOC School of Instruction	
	_____ Miles x .14 cents SUBTOTAL	
	TOTAL	

In accordance with the Veterans of Foreign Wars of Ohio Charities Operations Policy to be reimbursed for attending a VFWOC school of instruction you must:

1. Enter name, VFW card number, address & Post # at top. (One voucher per member)
2. You must have signed the sign in sheet for the School of Instruction.
3. To be reimbursed for housing you must enclose a hotel bill **in your name** for either the night before or the night of the VFW Ohio Charities School of Instruction.
4. You may be reimbursed **up to \$150.00 (including taxes) per night.**
5. To be reimbursed for mileage, calculate roundtrip mileage times .14 cents
No other extra charges such as meals or parking are to be submitted

THIS VOUCHER AND HOTEL RECEIPT ARE TO BE SUBMITTED TO YOUR POST QUARTERMASTER.