

Combat Veterans International

Chapter 1

Mileage Reimbursement Form

Please print all information legibly and submit to the Chapter Treasurer. All travel must be **pre-authorized** by a Chapter Officer, and all reimbursements will be made by check at the officer's meeting following the request.

Name: _____

Purpose of travel: _____

Officer authorizing travel: _____

Destination: _____

Date of travel: _____

Mileage requested: _____ Check one:

Towing trailer (\$.45 per mile)

Not towing trailer (\$.30 per mile)

I certify that the mileage requested was for CVI business and was requested by an officer of the chapter.

Signature: _____

For official use only: Date: _____

Authorized by: _____

Amount reimbursed: _____ Check number: _____