

Department of Montana VFW
 P.O. Box 4789
 Ft. Harrison, MT 59636



Expense Report

NAME: _____

Purpose of Trip: _____

DATE	Location	Mileage @.40	Lodging	Meals	Other	Total
Column Totals						
					Total due	

Signature: _____

Approved by: _____

Receipts must be attached to expense form.

Phone: 406-324-3992
 Fax: 406-324-3993
 E-mail: montanavfw@gmail.com