

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: \_\_\_\_\_