Department of Nevada, Veterans of Foreign Wars of the U.S.				
Name:			Title:	
E-mail:			Organization: VFW Department of Nevada	
Item	Amount	LI#	Purpose	
Total				
Expenses	Date(s)	Details		Amount
			Subtotal	
Less amount previously paid by VFW Headquarters and/or Department of Nevada				
Total amount owing to Member				
Signature				
			D-t	
			Date:	

IMPORTANT: Please attach receipts for all listed expenses, sign and date the form, then send to the State Quartermaster by USPS or email in PDF format.

Check Date
Check Amount

Check Number LI Number(s)