



Veterans of Foreign Wars of the United States
 Headquarters
 Department of Idaho
Voucher

Payment made to:

Date _____, 20__

Note: This Voucher Must Be Itemized in Detail or Invoices Attached.

	Amount		Amount	
Mileage: _____ @ _____ per mile				
Lodging:				
Other:				
Claimant's Signature:				



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