DEPARTMENT OF HAWAII
VETERANS OF FOREIGN WAR OF THE UNITED STATES
438 HOBRON LANE SUITE 407
HONONLULU, HI 96815

EXPENSE VOUCHER FOR: _____DATE: _____

Expense incurred on behalf of the business of the Department of Hawaii, VFW of the U.S., as detailed below.

Date:	Expense Type:	Vendor:	Expense Explanation:	Amount:
TOTAL:				

- **Expense types: Meals, Lodging, Transportation, Supplies, Services, Event, or Committee**
- **All Receipts must be attached or submitted before this Expense Voucher will be processed.**
- **Expense vouchers are to be submitted monthly – No later than the 30 days from end of travel.**

I hereby certify that the expenses shown above amounting to $_____were incurred for the benefit and in the interest of the Department of Hawaii, VFW.

SUBMITTED BY:_____ Signed: _____

APPROVED: _____ Signed:_____
State Commander

APPROVED: _____ Signed: _____
State Quartermaster

For State Headquarters Use Only: **Date:_____Check No.: _____**
Remarks:

Revised 02/25/2025

CLEAR FORM