

**AMVETS**

**American Veterans DEPARTMENT OF FLORIDA**

**EXPENSE REIMBURSEMENT REQUEST FORM**

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| Name: Date: |
| Title: Phone: |
| Address: |

**ATTACH SUPPORTING RECEIPTS**

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| **DATE** | **DESCRIPTION** | **AMOUNT** |
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| **TOTAL REIMBURSEMENT REQUESTED $** | | |

(MILEAGE RATE: $.50 PER MILE)

AMVET SIGNATURE

SUBMIT TO: PAID BY:

Tom Payton, Commander Bill May, Finance Officer

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| **FINANCE OFFICERS USE ONLY** |
| **Approval Date by CDR: CDR Signature:** |
| **Date Paid Check Number** |