

**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

11144 Lake Eustis Dr. 35823 Shelley Dr.

Leesburg, FL 34788 Leesburg, FL

Phone: 352-801-0278 Phone: 352-408-0872

Email: amvetscmd@aol.com Email: amvetsdept@yahoo.com

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