



AMVETS
 (American Veterans)
 Department of Florida
EXPENSE REIMBURSEMENT FORM



NAME:	DATE:
TITLE:	PHONE:
ADDRESS:	

BUSINESS PURPOSE:

ATTACH SUPPORTING DOCUMENTS

MILEAGE			HOTEL		
DATE	ROUND TRIP MAPQUEST MILEAGE	AMOUNT \$	DATE Check in	DATE Check Out	AMOUNT \$
	SubTotal Mileage Amount	\$		SubTotal Hotel	\$

MISCELLANEOUS EXPENSES

DATE	EACH ITEM ON RECEIPT	BUSINESS USE	AMOUNT \$
		Sub Total Miscellaneous	

SUBMIT TO: Tom Payton, CDR 11144 Lake Eustis Dr. Leesburg, FL 34788	PAID BY: Bill May, F.O. 35823 Shelley Dr. Leesburg, FL 34788
-------------------------------------------------------------------------------------	------------------------------------------------------------------------------

Sub Total Mileage	\$0.00
Sub Total Hotel	\$0.00
Sub Total Miscellaneous	
GRAND TOTAL	

INTERNAL USE ONLY	
Approved Date by Dept. CDR:	CDR Signature:
DATE PAID:	CHECK NUMBER: