



AMVETS
 (American Veterans) Department of Florida
EXPENSE REIMBURSEMENT FORM



NAME:	DATE:
TITLE:	PHONE:
ADDRESS:	
BUSINESS PURPOSE:	

ATTACH SUPPORTING DOCUMENTS

MILEAGE (\$.35 Per Mile)			HOTEL		
DATE	ROUND TRIP MILEAGE	AMOUNT \$	DATE Check in	DATE Check Out	AMOUNT \$
SubTotal Mileage		\$	SubTotal Hotel		\$

MISCELLANEOUS EXPENSES

DATE	EACH ITEM ON RECEIPT	BUSINESS USE	AMOUNT \$

SUBMIT TO: Eddie Bullock, CDR 2031 Abby Trace Dr., Dover , Dover, Florida 33527 eddie.bullock1@gmail.co <small>555-651-5301</small>	PAID BY: Richard McKern, FO., 1598 Ruckel Drive, Niceville, Florida, 32578 ramckern@gmail.com 850-855-0474	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"> </th> <th style="width:20%;">AMOUNT \$</th> </tr> </thead> <tbody> <tr> <td>Sub Total Mileage</td> <td> </td> </tr> <tr> <td>Sub Total Hotel</td> <td> </td> </tr> <tr> <td>Sub Total Miscellaneous</td> <td> </td> </tr> <tr> <td>GRAND TOTAL</td> <td> </td> </tr> </tbody> </table>		AMOUNT \$	Sub Total Mileage		Sub Total Hotel		Sub Total Miscellaneous		GRAND TOTAL	
	AMOUNT \$											
Sub Total Mileage												
Sub Total Hotel												
Sub Total Miscellaneous												
GRAND TOTAL												

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