



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
		Sub Total Miscellaneous

SUBMIT TO: Eddie Bullock, CDR 2031 Abbey Trace Dr Dover, FL 33527 eddie.bullock1@gmail.com .com	PAID BY: Rick McKern, F.O. 1598 Ruckel Dr Niceville, FL 32578 ramckern@gmail.com	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Sub Total Mileage</td> <td style="width:30%;">\$</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> </table>	Sub Total Mileage	\$	Sub Total Hotel	\$	Sub Total Miscellaneous	\$	GRAND TOTAL	\$
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: