



AMVETS



American Veterans
DEPARTMENT OF FLORIDA

EXPENSE REIMBURSEMENT REQUEST FORM

Name:	Date:
Title:	Phone:
Address:	

ATTACH SUPPORTING RECEIPTS

DATE	DESCRIPTION	AMOUNT
TOTAL REIMBURSEMENT REQUESTED		\$

(MILEAGE RATE: \$.50 PER MILE)

SIGNATURE

SUBMIT TO:

**RICHARD MILLER, Finance Officer, 104 LAKE CARLETON DR.,
MELROSE, FL 32666 (richard.miller5572@att.net)**

FINANCE OFFICERS USE ONLY	
Date Paid	Check Number