



**American Veterans
(AMVETS)
Department of Florida**



EXPENSE REIMBURSEMENT FORM

NAME:	DATE:
TITLE:	PHONE:
ADDRESS:	

BUSINESS PURPOSE:

ATTACH SUPPORTING DOCUMENTS

MILEAGE

HOTEL

DATE	ROUND TRIP MILEAGE	AMOUNT \$	DATE Check in	DATE Check Out	AMOUNT \$
Subtotal Mileage Amount @ \$.50 / mile		\$		Subtotal Hotel	\$

MISCELLANEOUS EXPENSES

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

<p>SUBMIT TO: Doug Furgeson, CDR 2939 Sunway Ln. Lakeland, FL 33801 (863) 777-0938</p>	<p>PAID BY: Richard McKern, FO 1598 Ruckel Dr. Niceville, FL 32578 (850) 855-0474</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Sub Total Mileage</td><td style="text-align: right;">\$</td></tr> <tr><td>Sub Total Hotel</td><td style="text-align: right;">\$</td></tr> <tr><td>Sub Total Miscellaneous</td><td style="text-align: right;">\$</td></tr> <tr><td>GRAND TOTAL</td><td style="text-align: right;">\$</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: