



AMVETS
 (American Veterans) Department of Florida
EXPENSE REIMBURSEMENT FORM



NAME: _____ **DATE:** _____

TITLE: _____ **PHONE:** _____

ADDRESS:

BUSINESS PURPOSE:

ATTACH SUPPORTING DOCUMENTS

MILEAGE (\$.50 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: Doug Furgeson, CDR 2939 Sunway Lane Lakeland, FL 33801	PAID BY: Dr. Jondexter Toombs Dept of Florida F.O., 160 West Tyler St Unit 109 Tampa, FL 33602		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: _____