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:

Dean Richards
Dept of Florida CDR
12330 NE 106th Court
Archer, FL 32618

PAID BY:

Dr. Jondexter Toombs, DM
Dept of Florida F.O.
160 West Tyler St, Unit 109
Tampa Florida, 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:

Effective June 2024