AMVETS
EXPENSE REPORT

(Please print legibly and complete all appropriate fields)

NAME: _____ DATE: _____

ADDRESS: _____

_____ LOCATION: _____

PURPOSE OF TRIP OR EXPENDITURE: _____

PERIOD COVERED: _____ TO: _____ INCLUSIVE

Dates	City	Air Fare	Auto	Hotel (Attach invoice)	Total Mileage (***2**)	Breakfast	Lunch	Dinner	Tel.	Other **(1*)**	Total
											$ -
											$ -
											$ -
											$ -
											$ -
											$ -
											$ -
											$ -
											$ -
											$ -
Total											$ -

***1**. Explain each item (you may attach a sheet if necessary)

Charges/AMVETS Master Account - Direct Bill	$ -
Charge/AMVETS BusinessCredit Card	$ -

*** 2.** Recap of Mileage when private car used.

Date	Miles*	From	To	Rate	Total
Trip Date	#miles	Location	Location	per mile	Amount
				$ 0.5050	$ -
				$ 0.5050	$ -
				$ 0.5050	$ -
				$ 0.5050	$ -
				$ 0.5050	$ -
*Rnd Trip				$ 0.5050	$ -
Total					$ -

Less Advance (Detail **3** below)		$ -
Total Advance		$ -
Balance Due		$ -
Rm Svc Charges	AMVETS	$ -
	YOU	$ -
Distribution Account		AMOUNT
***3.** Received travel advance?		
No		
Date Received	From	AMOUNT
	Due You Total Net	

1. Fixed Costs: Breakfast $10
Lunch $15
Dinner $25
Mileage $.485

2. When requesting mileage, please provide proof of 21 day advance air fare.

3. If balance due AMVETS, please attach payment.

SUBMITTED BY: _____ APPROVED BY: _____
Signature Signature

CHECKED BY: _____ DATE: _____

COMPLETED REIMBURSEMENT FORMS MUST BE SUBMITTED WITHIN 30 DAYS OF TRAVEL