EXPENSE REPORT

(Please print legibly and complete all appropriate fields) DATE:_____

NAME:_____ EVENT:_____

ADDRESS:_____ CITY/ST/ZIP: _____

PLEASE ATTACH AIR FARE & MILEAGE INFORMATION

Dates	**Air Fare**	**Auto**	**Hotel (Attach voice)**	**(*2) Total Mileage**	***Breakfast	***Lunch	***Dinner	**(*1) Other**	**Total**
									$
									$
									$
									$
									$
									$
									$
									$
									$
									$
									$
									$
									$
Total	0	0	0	0	0	0	0	0	**$**

****** Meals will be paid only for the amount of the accompanying receipts***

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

	Miles*	From	To	Rate	Total
Trip Date	#miles	Location	Location	per mile	Amount
				$ 0.35	$
				$ 0.35	$
				$ 0.35	$
***Rnd Trip**				$ 0.35	$
Total					$

Total from above		
NEC (add $400)		
Balance Due		
	AMVETS	
	YOU	$

Meals: Up to $75 per day paid **only when receipts are attached.**

Mileage *(subject to change)*: $0.35

Proof of mileage must be provided (ie: mapquest, etc.) along with proof of 21 day lowest advance airfare only when driving. Payment will be lowest of two (see Travel Policy). If balance due AMVETS, please attach payment.

SUBMITTED BY: _____ APPROVED BY: _____

Signature *Signature*

CHECKED BY: _____ DATE: _____