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
				$ 0.54	$ -
				$ 0.54	$ -
				$ 0.54	$ -
**Rnd Trip				$ 0.54	$ -
Total					$ -

Total from above		
Balance Due		
	AMVETS	
	YOU	$.

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

Mileage *(subject to change)*: $0.54

Proof of mileage must be provided (ie:mapquest, etc) along with proof of 21 day lowest advance airfare onlywhen 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 _____