

EXPENSE REPORT

(Please print legibly and complete all appropriate fields)

NAME: _____

DATE: _____

ADDRESS: _____

EVENT: _____

PLEASE ATTACH AIR FARE AND MILEAGE INFORMATION

Dates	Air Fare	Auto	Hotel Only (Attach invoice)	(*2) Total Mileage	***Breakfast	***Lunch	***Dinner	(*1)Other	Total
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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

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

	From	To	Number of	Rate	Total	Total from above	\$0.00
Trip Date	Location	Location	Miles	per mile	Amount	NEC (add \$400)	
				0.54	\$0.00	Balance Due	\$0.00
				0.54	\$0.00	AMVETS	
						You	\$0.00
Total					\$0.00		

Meals: For those eligible up to \$75 per day paid **only when dated receipts are attached.**
 Mileage (Subject to Change) \$0.54 Current as of 1/16

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

Signature: _____

Approved by Approved: _____

If balance due AMVETS, please attach payment