Print Form

SONS OF AMVETS
Department of Florida
Expense Voucher

Date:

(Receipts must be attached for payment)

(All vouchers shall be submitted no later than 30 days of date of expenditure to the department finance officer for reimbursement.)

Submitted By: **Position:**

Mailing Address:

E-Mail Address:

Destination:

	Start Date	End Date	# of Days	
Event Dates:				
Mileage:		**@ $ 0.45 per mile and a maximum of ($ 250)**		
Per Diems:	**$ 35.00 per day X**		**Days**	
Air Fare:	**Start Date**	**End Date**		
Car Rental:	**Start Date**	**End Date**		
Transportation:				

Cab Fares / Parking Fees / Toll Fees

	Start Date	End Date	
Lodging Dates:			
Miscellaneous Expense Items:			

(Phone, postage, toner…etc)

Total Voucher Expenses Claimed

Less Deductuctions:

Net Voucher Expenses Claimed

Claimant's Signature **Date**

(Must Be Signed before payment !)

(For Authorized Approver Office use only)

Approver Signature : **Date:**

Revised 6/2017 **Check #**