



AMVETS Department of Ohio  
 960 Checkrein Avenue  
 Columbus, OH 43229



## Department Expense Report

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Date	Description	Mileage	Amount	Airfare	Hotel	Meals	Other
<b>Totals</b>							

Choose appropriate mileage rate:  
 (\$0.15 Rate for NEC Only)

Total: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Check Amount: \$

\$

(Department Use Only)

<b>National Reimbursement</b>	
<i>Date</i>	<i>Amount</i>
<b>Total Reimbursed</b>	