



AMVETS Department of Ohio
960 Checkrein Avenue
Columbus, OH 43229



Department Expense Report

Name: _____ Position: _____

Address: _____

Date	Destination	Mileage	Amount	Airfare	Hotel	Meals	Other
Totals							

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

Total:

Signature: _____ Date: _____

Approval: _____ Date: _____

Check Amount:

\$

(Department Use Only)

National Reimbursement	
Date	Amount
Total Reimbursed	

Revised: May 20, 2020