



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: _____ Total: _____

Signature: _____ Date: _____

Approval: _____ Date: _____

Check Amount:

(Office Use Only)

National Reimbursement	
Date	Amount
Total Reimbursed	

Revised: June 14, 2017