

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:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mileage: @ \$ 0.45 per mile and a maximum of (\$ 525) _____

Per Diems: \$ 35.00 per day X Days _____

	Start Date	End Date	
Air Fare:	<input type="text"/>	<input type="text"/>	_____

	Start Date	End Date	
Car Rental:	<input type="text"/>	<input type="text"/>	_____

Transportation: _____
Cab Fares / Parking Fees / Toll Fees

	Start Date	End Date	
Lodging Dates:	<input type="text"/>	<input type="text"/>	_____

Lodging: _____

Miscellaneous Expense Items: _____
(Phone, postage, toner...etc)

Total Voucher Expenses Claimed _____

Less Deductions: _____

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 # _____