# Sons of AMVETS

Department of Ohio

Expense Voucher

Expense Voucher of _____

Office _____ Date _____

From Period _____ To _____

Acct

PHONE: _____ Total _____ _____

POSTAGE _____ Total _____ _____

_____ _____

_____ _____

OFFICE SUPPLIES _____ Total _____ _____

_____ _____ _____

MISCELLANEOUS _____

_____

_____

_____

_____ Total _____ _____

LODGING

Date Destination Amount

_____

_____

_____

_____

_____ Total _____ _____

Per Deim $30 per day Travel Per Deim $15 per day

_____

_____ Total _____ _____

Total _____

MILLAGE

Date Description Miles

_____

_____

_____

_____

_____

_____

_____

_____

_____

Total Millage _____ 0.45 Total _____ _____

Total Top Section _____

Approved by

Total Millage _____

_____

Total _____

Signature of Claimant _____