

Society of American Military Engineers Regional Vice President Expense Report

Receipts Required for All Reimbursable Expenses							
Name:	Date:						
Mailing Address:			<u>.</u>				
Travel Dates:			Trip to (Name of Post):				
Purpose Of Trip: OOfficer insta	allation OIGE event OInd	lustry Day OSmall B	usiness event OSc	ocial/Holiday event	Oother		
EXPENSES DESCRIPTION				·	Amount	Account	Project Code
Air Travel		DESCRIPTION	ION		Amount	5510	490
Lodging						5510	490
Economy Rental Car and Gas						5510	490
Postal Leaders Lunch or Dinner						5510	490
Member Recognition						5510	490
Privately Owned Vehicle \$053.5 cents per mile outside your							
local area (50 miles+)						5510	490
				TOTAL EVENIEN			
ADDITIONAL NOTES:				TOTAL EXPENSES			
In what capacity did you meet wit	h the Post ROD?						
in what capacity did you meet wit	ii the Post BOD!						
What topics/issues were discussed	?						
Outcomes from the visit:							
What, if any follow up or assistance	ce does the Post require f	rom the RVP and/or	· National Office?_				
Allowable Expenses Include: Airfard Gift Card or other gift not to exceed 2019 IRS Standard Mileage rate of price purchased at least 14-days in	\$50.00. If using a private \$0.53.5 per mile. Provide advance of travel. Expe	ely owned vehicle to t e Map route direction nse form with receip	ravel outside the lo s to support mileag pts must be subm	cal area (50 miles), <u>je</u> . Airfare will be re	SAME will reimbursed for	mburse for n	nileage at the
Submit receipts and expense repor							
I request reimbursement for these	e travel expenses to sup	port post operations	in my region.				
RVP Signature			Date		_		
						_	
Authorization by Jill Murphy				Date			