American Legion
Oviedo Memorial Post 243

491 W Broadway St
Oviedo, FL 32765

Disbursement / Expense Reimbursement Form

Date:

Name:

Vendor	Description	Amount
	Total	$ 0.00

Submitted

Submitted by: _____

Approvals

Vice Commander Approval ***(Less than $500)*** _____

Commander Approval ***(Equal to or Greater than $500*** _____

If applicable please select a category below if your expense form applies this expense report:

___Cost of wakes, funerals, memorial services
___Cost of law and order ceremonies
___Cost for Boys State
___Cost for Oratorical Contest
___Cost for Community Service Projects
___Costs related to Fundraising
___Cost for School Medals
___Cost for JROTC Activities
___Cost for Americanism Activities

Supporting Documentation is required to be attached with this document with the exception of cash donations