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)*** _____

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