

STATEMENT OF EXPENSE

TO: STATE FINANCE OFFICER, THE AMERICAN LEGION
STATE HDQTRS, PO BOX 67, WATERTOWN, SD 57201

DATE _____

NAME: _____ MEMBER OF COMMITTEE OR TITLE _____

EXPENSES FROM _____ TO _____. MAIL CHECK IN PAYMENT OF THIS AMOUNT TO ME
AT (STREET ADDRESS) _____ (CITY) _____
(STATE) _____ (ZIP CODE) _____.

PLEASE FILL THE BLANK OUT COMPLETELY, LISTING ALL ITEMS FOR WHICH REIMBURSEMENT IS SOUGHT. PLEASE TYPE OR PRINT ALL ENTRIES. IF ADDITIONAL SPACE IS NEEDED, ATTACH HERETO.

TRAVEL BY PRIVATE OR PUBLIC CONVEYANCE: UNDER EXECUTIVE COMMITTEE ACTION, TRAVEL EXPENSE OF \$.30 A MILE ROUND TRIP IS AUTHORIZED.

DATE	FROM	TO	#MILES TRAVELED	AMT @\$.30/MILE	PURPOSE

TOTAL.....\$ _____

MEALS AND LODGING:

UNDER EXECUTIVE COMMITTEE ACTION, ACTUAL COST OF MEALS AND LODGING WILL BE REIMBURSED, UP TO THESE MAXIMUM AMOUNTS: BREAKFAST \$4.00, LUNCH \$6.00 AND DINNER, \$9.00 AND LODGING, \$40/NIGHT. LODGING CAN BE CLAIMED ONLY FOR AS MANY NIGHTS AS THERE ARE DAYS' MEETINGS OR ACTIVITIES. PLEASE ATTACH HOTEL OR MOTEL RECEIPTS.

DATE	FROM	TO	#MILES TRAVELED	AMT @\$.30/MILE	PURPOSE
BREAKFAST					
LUNCH					
DINNER					
LODGING					

TOTAL.....\$ _____

DATES													
TELEPHONE													
POSTAGE													
TOTAL													

TOTAL.....\$ _____

GRAND TOTAL.....\$ _____

I HEREBY CERTIFY THAT THE EXPENSE AS INDICATED ABOVE WAS INCURRED BY ME IN THE PERFORMANCE OF OFFICIAL DUTIES.

APPROVED FOR PAYMENT (DATE) _____ SIGNED _____

BY(STATE FINANCE OFFICER) _____ APPROVED(COMM CHRM) _____