

## STATEMENT OF EXPENSE

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

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

COMMITTEE/TITLE: \_\_\_\_\_

EXPENSES FROM \_\_\_\_\_ TO \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PLEASE FILL OUT COMPLETELY, LISTING ALL ITEMS FOR WHICH REIMBURSEMENT IS SOUGHT. IF ADDITIONAL SPACE IS NEEDED, ATTACH HERETO.

UNDER EXECUTIVE COMMITTEE ACTION, TRAVEL EXPENSE OF \$.30 PER 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					
MISC. - ADD DESCRIPTION					
TOTAL					

TOTAL.....\$ \_\_\_\_\_

GRAND TOTAL (ALL SECTIONS).....\$ \_\_\_\_\_

I HEREBY CERTIFY THAT THE EXPENSE(S) 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) \_\_\_\_\_