

## 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, the cost of meals (see below under corresponding meals) and lodging will be reimbursed up to the listed maximum amounts: \$40/NIGHT FOR REGULAR ACTIVITIES, \$55/NIGHT FOR MIDWINTER & CONVENTION (EXEC & FINANCE ONLY). Lodging can be claimed only for as many nights as there are days' meetings/activities. Please attach hotel receipts.

DATE	FROM	TO	#MILES TRAVELED	AMT @\$.30/MILE	PURPOSE
<b>BREAKFAST</b> (\$4.00)					
<b>LUNCH</b> (\$6.00)					
<b>DINNER</b> (\$9.00)					
<b>LODGING</b>					

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

<b>DATES</b>					
<b>MISC. - ADD DESCRIPTION</b>					
<b>TOTAL</b>					

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) \_\_\_\_\_