

STATEMENT OF EXPENSE

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

DATE: _____

NAME: _____

PURPOSE: _____

EXPENSES FROM _____ TO _____

MAIL CHECK TO THIS ADDRESS:

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 \$.40 PER MILE ROUND TRIP IS AUTHORIZED.

DATE	FROM	TO	#MILES TRAVELED	AMT @\$.40/MILE	PURPOSE

TOTAL.....\$ _____

MEALS AND LODGING:

DATE	FROM	TO	#MILES TRAVELED	AMT @\$.40/MILE	PURPOSE
BREAKFAST \$5					
LUNCH \$8					
DINNER \$12					
LODGING \$55					

PLEASE ATTACH HOTEL OR MOTEL RECEIPTS.

TOTAL.....\$ _____

DATES	FROM	TO	#MILES TRAVELED	AMT @\$.40/MILE	PURPOSE
MISC. - ADD DESCRIPTION					
TOTAL					

TOTAL.....\$ _____

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

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

SIGNED _____ DATE _____

APPROVED BY (COMM CHRM/DIST CMDR) _____ DATE _____

FINANCE OFFICER SIGNATURE _____ DATE _____