

### 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.....\$ \_\_\_\_\_

**\*\*\*All expenses must be filed within 60 days of the actual date expenses were incurred.**

**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.....\$ \_\_\_\_\_

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

**LESS DONATION AMOUNT.....\$ \_\_\_\_\_**

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

**I hereby certify that the above indicated expenses were incurred by me in the performance of my official duties.**

**I would like to donate this amount \$ \_\_\_\_\_ to The American Legion Department of South Dakota.**

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED BY (COMM CHRM/DIST CMDR) \_\_\_\_\_ DATE \_\_\_\_\_

FINANCE OFFICER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**\*\*\*All expenses must be filed within 60 days of the actual date expenses were incurred.**