

American Legion Auxiliary  
Department of Florida

Department Expense Sheet

Name: \_\_\_\_\_

Department Meeting (Circle one)

**Finance**

**Education**

**VA& R**

**Girls State**

Round Trip miles traveled to site \_\_\_\_\_

Were you the driver of car? Yes No

If no, who was? \_\_\_\_\_

List passengers. \_\_\_\_\_

Does your passenger(s) receive travel reimbursement from ALA, SAL, Legion or other? Yes No If yes, from whom and how much? \_\_\_\_\_

Did you stay in the hotel? Yes No

List roommates. \_\_\_\_\_

Does your roommate(s) receive room reimbursement from ALA, SAL, Legion or other? Yes No If yes, from whom and how much? \_\_\_\_\_

Attach copy of hotel and meal receipts (if applicable) to receive up-to the amount allowed per Department's budget.

I am requesting reimbursement based on actual expenses incurred as a Department Chairman, Committee member, appointee or call-in to the meeting.

***Form to be postmarked to Department within 10 days of meeting.***

**Office Use only**

\_\_\_\_\_ miles @ .36ea = \_\_\_\_\_

Room Allowance: \$ \_\_\_\_\_ Meal \$ \_\_\_\_\_

Total Reimbursed \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_