

American Legion Auxiliary
Department of Florida

Department Expense Sheet

Name: _____

Department Meeting (Circle one)

Workshop

Mid-Winter

Exec. Meeting

Convention

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 to receive up-to the amount allowed per Department's budget. Attach program receipts if requesting program allowance.

I am requesting reimbursement based on actual expenses incurred as a Department Officer, Chairman or Non-Executive Committee Member.

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

Office Use only	
_____ miles @ .36ea = _____	
Room Allowance: \$ _____	Meal \$ _____
Program Allowance _____	
Total Reimbursed _____	

Signature: _____

Date: _____