THE AMERICAN LEGION
DEPARTMENT OF TEXAS

EXPENSE STATEMENT

(For Department, Division and District Travel)

NAME_____ TITLE_____

ADDRESS_____

(Zip)

EXPENSES FROM _____, 20____ to _____, 20____

The following expense was incurred by me in the service of and for the benefit of The American Legion, Department of Texas.

DATE	CITY VISITED	MILES TRAVELED	BY AUTO 40c MILE	HOTEL MEALS	TOTAL
				MISCELLANEOUS (Itemize on reverse side)	
				TELEPHONE (Attach receipts)	
				POSTAGE (Attach receipts)	
				TOTAL	

SIGNED:_____

All accounts must submitted within 30 days of accrual. Reimbursement not to exceed $90.00 per day; (DEC 9-25-09) actual expense for telephone, postage or other miscellaneous items; forty cents per mile for transportation (DEC 1-27-08).

CHARGE TO:_____

(This space to be filled in by Department Adjutant)