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 .48c MILE	HOTEL MEALS	TOTAL