

**American Legion Auxiliary
Department of Florida**

Department Expense Sheet

Name: _____ Office/Chairmanship _____

Department Meeting (circle one)

Workshop	Fall Conference	Exec Meeting	Convention
Finance	Education	VA&R	Girls State

Round Trip miles traveled to site _____

Were you the driver? Yes No

If no, who was? _____

List passengers _____

Do you or your passenger(s) receive travel reimbursement fom ALA, SAL, Legion or other?
Yes No If yes, from whom and how much? _____

Did you stay in the delegation hotel? (Note: Your name must appear on the reservation list and will be verified.) Yes No

List roommates _____

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

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

By signing below I certify that all information on this form is true and acurate.

This form **MUST** be mailed to Department Headquarters and postmarked within 30 days of the meeting.

Signature _____ Date _____

OFFICE USE ONLY
_____ miles @ .25 ea = \$ _____
Room Allowance \$ _____
Total Reimbursed \$ _____