

**AMERICAN LEGION AUXILIARY
DEPARTMENT OF FLORIDA**

District President's Expense Worksheet

District _____

Reports Dues: September 1st December 1st March 1st June 1st

List Units visited this quarter along with the milage for each trip. (District President's Business only.)

Unit #	Miles	Unit #	Miles	Unit #	Miles
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I, _____, certify the information contained on this sheet is accurate. (District President's Signature)

This worksheet and Quarterly Report are to be mailed to the Department President for approval NO later than ten (10) days of the due date.

**Mail to: Kelli Becraft
342 Buena Vista Dr. S
Dunedin, FL 34698**

Signature of Department President: _____

Office Use Only: (Do Not Write in This Box)	_____ Miles @ .25 EA (700 Max)
	_____ Total Reimbursed

