



American Legion Auxiliary, Department of Florida
Department Expense Sheet

Revised 6/2019

Name: _____ Office/Chairmanship: _____

Department Meeting (check one)

- Workshop Fall Conference Executive Meeting Convention ABC/Leadership
- Finance /Audit Meeting Education VA&R Girls State UD&R

Please complete the following questionnaire:

I am requesting reimbursement for (check all that apply) Mileage* Hotel** Meal Stipend ***

Date Expense Occurred: _____

Round Trip miles traveled to site _____ Were you the driver? Yes No

If no, who was? _____ List ALL passengers: _____

Did you stay in the designated hotel (or overflow, if applicable)? Yes No

List ALL roommate(s): _____

Did you or your passengers or roommate(s) receive any type of travel reimbursement from ALA, SAL, Legion or other

from any other source? Yes No If yes, 1. What type? _____

2. From whom? _____ 3. How much? _____

Verification of Expense

I am requesting reimbursement above based on actual expenses incurred as a Department Officer, Chairman, Committee member, appointee, or call-in to the meeting per current approved budget year guidelines. By signing below,

I certify that all information on this form is true and accurate. I understand that failure to include ***proof of mileage** from a printed map source or ****hotel receipt with my name listed on the reservation** OR a request that is postmarked after 30 days of the meeting will result in a denial of reimbursement. *** **meal stipend for Girls State ONLY.**

Signature: _____ Date: _____

OFFICE USE ONLY	
_____ miles @ .25 each = \$ _____	
Room Allowance _____ @ _____ nights= \$ _____	
TOTAL: \$ _____ per budget line _____	