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 ________