

# AMERICAN LEGION AUXILIARY DEPARTMENT OF FLORIDA

District President's Expense Worksheet

District # \_\_\_\_\_

Reports Dues:            September 1st      December 1<sup>st</sup>      March 1st      June 1st

List Units visited this quarter along with the mileage for each trip. (District President's Business only.) **Must include MapQuest printout for each visit.**

Date	Starting Point	Ending Point	Miles	Round Trip (yes or no)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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: Ann King-Smith  
1935 Tyler Avenue  
Melbourne, Fl. 32935**

Signature of Department President: \_\_\_\_\_

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