|  |  |  |
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| **THE AMERICAN LEGION, DEPARTMENT OF OHIO, INC. \* P.O. BOX 8007 \* DELAWARE, OHIO 43015-8007** |  |  |
|  |  |  |  |  |  |  |  |   |  |
| ***NOTES: It is the responsibility of the Payee to report any mileage reimbursement between $0.14 and $0.35 as income.*** | **4-Mar-19** |  |
| ***\* No lodging or meal expenses (including tips) will be approved without receipts, which must be attached to this voucher.*** |
|  |
|  | **MON.** | **TUE.** | **WED.** | **THU.** | **FRI.** | **SAT.** | **SUN.** |  |
| **EXPENSE ITEM** |  |  |  |  |  |  |  | **TOTALS** |
| **1** | **Hotel / Motel** |   |   |   |   |   |   |   |  |
| **2** | **Breakfast \*** |   |   |   |   |   |   |   | **$** |
| **3** | **Lunch \*** |   |   |   |   |   |   |   | **$** |
| **4** | **Dinner \*** |   |   |   |   |   |   |   | **$** |
| **5** | **Mileage** |   |   |   |   |  |   |   | **$** |
|  | **TOTALS** |  |  |  |  |  |  |  | **$**  |
|  |  |  |  |  |  |  |  |  |  |
|  | **DATE** |  | **CITY** |  | **PURPOSE** |  |  | **MILES** | **AMOUNT** |
|  |  | **FROM** |  |  |  |  |
|  | **TO** |  |
|  |  | **FROM** |  |  |  |  |
|  | **TO** |  |
|  |   |  |   |   |   |  |
|  |
|  | ***(For Office Use Only)*** |  |  | Total Pay  |  |
|  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | **AUTHORIZED ALLOWANCES** | **\* ALL ITEMS MUST BE COMPLETED** |  | **\* CARRY MILEAGE AMOUNTS TO LINE 5.** | ***2019-2020 D.E.C. Members are entitled to*** |
|  | **Hotel - Per Day:** | **$50.00**  |  | *roundtrip mileage to and from Department HQ.* |
|  | **Meals - Per Day:** | **$20.00**  |  | *If you carpool, only the driver is entitled to claim* |
|  | **Travel (Car) - Per Mile:** | **$0.35**  |  | *reimbursement.* |
|  | **Name:** |  |  |  | **\* VOUCHER MUST BE SIGNED!** |
|  | **Office / Position:** |  |  |  |  |
|  | **Address:** |  |  |  |
|  | **City, ST Zip:** |  |  | **Signed:** |
|  | **Phone:** |  |  |  |  |
|  | **Email:** |   |  | **Date:** |  |