



THE AMERICAN LEGION, DEPARTMENT OF OHIO, INC. * P.O. BOX 8007 * DELAWARE, OHIO 43015-8007

Please donate my
reimbursement to the following
American Legion Program:

NOTES: It is the responsibility of the Payee to report any mileage reimbursement between \$0.14 and \$0.35 as income.

* No lodging or meal expenses (including tips) will be approved without receipts, which must be attached to this voucher.

EXPENSE ITEM	MON.	TUE.	WED.	THU.	FRI.	SAT.	SUN.	TOTALS
1 Hotel / Motel								
2 Breakfast								
3 Lunch								
4 Dinner								
5 Mileage								
TOTALS								

DATE	CITY	PURPOSE	MILES	AMOUNT
	FROM TO			
	FROM TO			
<i>(For Office Use Only)</i>		Meeting Title:		

AUTHORIZED ALLOWANCES	* ALL ITEMS MUST BE COMPLETED
Hotel - Per Day: \$50.00	
Meals - Per Day: \$20.00	
Travel (Car) - Per Mile: \$0.35	

*** MAKE SURE ALL RECIEPTS ARE ATTACHED**

Committee members are entitled to roundtrip mileage to and from Department HQ. If you carpool, only the driver is entitled to claim reimbursement.

*** VOUCHER MUST BE SIGNED!**

Name: _____

Office / Position: _____

Address: _____

City, ST Zip: _____

Phone: _____

Email: _____

Signed: _____

Date: _____