



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       |      |      |      |      |      |      |      |        |
| <b>TOTALS</b>   |      |      |      |      |      |      |      |        |

| DATE                         | CITY | PURPOSE                               | MILES | AMOUNT |
|------------------------------|------|---------------------------------------|-------|--------|
|                              | FROM |                                       |       |        |
|                              | TO   | Delaware, OH                          |       |        |
|                              | FROM | Delaware, OH                          |       |        |
|                              | TO   |                                       |       |        |
|                              |      |                                       |       |        |
| <i>(For Office Use Only)</i> |      | <b>Department Executive Committee</b> |       |        |

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

Name: \_\_\_\_\_  
Office / Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, ST Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

|  |  |
|--|--|
| <b>* MAKE SURE ALL RECIEPTS ARE ATTACHED</b> | <p><i>Committee members are entitled to roundtrip mileage to and from Department HQ. If you carpool, only the driver is entitled to claim reimbursement.</i></p> <p><b>* VOUCHER MUST BE SIGNED!</b></p> |
|--|--|

Signed: \_\_\_\_\_  
Date: \_\_\_\_\_