

AMERICAN LEGION AUXILIARY  
DEPARTMENT OF TEXAS  
3401 Ed Blusetein Blvd, Suite 200  
AUSTIN 78721

**ACTIVITY CHAIRMAN EXPENSE FORM**

Name \_\_\_\_\_ Chairman of \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Telephone Calls (attach bill or copies) \_\_\_\_\_ Amount \$ \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Postage (attach Post Office receipt) \_\_\_\_\_ Amount \$ \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Supplies i.e. file folders, copies, envelopes etc. (attach receipts) \_\_\_\_\_ Amount \$ \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Mileage (@ .22 a mile) \_\_\_\_\_ Amount \$ \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

NOTE: Receipts MUST be attached and PROPERLY marked PAGE TOTAL \$ \_\_\_\_\_  
(EXAMPLE: phone calls highlighted or otherwise identified)  
and for the CURRENT time period (after DEPT. CONVENTION  
to the next DEPT. CONVENTION) **BEFORE** reimbursement  
can be made.

**DEADLINE**; MUST BE INTO DEPT. OFFICE **PRIOR** TO AUGUST 1ST. NO REIMBURSEMENT  
WILL BE MADE AFTER THIS DATE.

Attach more pages as necessary

GRAND TOTAL \$ \_\_\_\_\_

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_