

AMERICAN LEGION AUXILIARY
DEPARTMENT OF TEXAS
PO Box 140407
Austin, TX 78714-0407

DISTRICT EXPENSE FORM

Name _____ District _____

Address: _____

VISITS TO:

Date: _____ Unit No. _____ Location _____

Report of Visit: _____

Mileage: _____ miles @ .22 per mile = Total mileage: \$ _____

Hotel: \$ _____ (Receipt must be Attached)

VISITS TO:

Date: _____ Unit No. _____ Location _____

Report of Visit: _____

Mileage: _____ miles @ .22 per mile = Total mileage: \$ _____

Hotel: \$ _____ (Receipt must be Attached)

Other (postage, calls, etc.)

_____ Other total: \$ _____

NOTE: Receipts **MUST** be attached and **PROPERLY** marked (EXAMPLE: phone calls highlighted or otherwise identified) and for the **CURRENT** time period (after **DEPT. CONVENTION** to the next **DEPT. CONVENTION**) **BEFORE** reimbursement will be made. No reimbursement shall be made for a meeting where per diem and mileage have been paid by Dept.

DEADLINE; MUST BE **RECEIVED** AT THE DEPT. OFFICE BY **AUGUST 1st. NO REIMBURSEMENT WILL BE MADE AFTER August 31st.**

Attach more pages as necessary

GRAND TOTAL \$ _____

DATE _____ SIGNED _____