

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 31<sup>st</sup>.**

Attach more pages as necessary

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

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