

AMERICAN LEGION AUXILIARY
DEPARTMENT OF TEXAS
P.O. Box 1629
Little Elm, TX 75068-1629
secretary@alatexas.org

ACTIVITY CHAIR EXPENSE FORM

Name _____ Chair of _____

Address _____ Phone # _____

Date: _____

Expenses: Description _____ Amount \$ _____
(Attach Receipts)

Date: _____

Expenses: Description _____ Amount \$ _____
(Attach Receipts)

_____ PAGE TOTAL \$ _____

NOTE:

Attach all RECEIPTS and PROPERLY marked

(EXAMPLE: Copies/Supplies for mailing)

Expenses start September 1 current year thru the Department Convention the following year. (EXAMPLE Sept. 1, 2023 thru July 15, 2024)

DEADLINE; MUST BE INTO DEPT. OFFICE PRIOR TO **AUGUST 31ST.** NO REIMBURSEMENT WILL BE MADE AFTER THIS DATE.

Attach more pages as necessary

GRAND TOTAL \$ _____

DATE _____ SIGNED _____

Department does not pay expenses for District/ Division Convention