

AMERICAN LEGION AUXILIARY
DEPARTMENT OF TEXAS
P.O. Box 1629
Little Elm, TX 75068-1629
secretary@alateexas.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, 2025 thru July 15, 2026)

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 _____

Department does not pay expenses for District/ Division Convention