

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

**DISTRICT EXPENSE FORM**

Name \_\_\_\_\_ District \_\_\_\_\_

Address: \_\_\_\_\_

VISITS TO:

Date: \_\_\_\_\_ Unit No. \_\_\_\_\_ Location \_\_\_\_\_

Report of Visit: \_\_\_\_\_

\_\_\_\_\_

Mileage: \_\_\_\_\_ miles @ .25 per mile = Total mileage: \$ \_\_\_\_\_

Hotel: \$ \_\_\_\_\_ (Receipt must be Attached)

VISITS TO:

Date: \_\_\_\_\_ Unit No. \_\_\_\_\_ Location \_\_\_\_\_

Report of Visit: \_\_\_\_\_

\_\_\_\_\_

Mileage: \_\_\_\_\_ miles @ .25 per mile = Total mileage: \$ \_\_\_\_\_

Hotel: \$ \_\_\_\_\_ (Receipt must be Attached)

Other (postage, copies, etc.)

\_\_\_\_\_

\_\_\_\_\_ Other total: \$ \_\_\_\_\_

NOTE: \_\_\_\_\_ Page Total \$ \_\_\_\_\_

Attach 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**