

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

DIVISION EXPENSE FORM

Name _____ Address _____ Div. No. _____

VISITS TO: **

**Dist. No. _____ Location _____ Date _____

Mileage: _____ miles @ .25 per Mile.....Amount \$ _____

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

Report of Visit: _____

**Dist. No. _____ Location _____ Date _____

Mileage: _____ miles @ .25 per Mile.....Amount \$ _____

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

Report of Visit: _____

Incidentals , (postage, copies, etc.) \$ _____
TOTAL

PAGE TOTAL \$ _____

NOTE:

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. 1,2023 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 Division Convention