

AMERICAN LEGION AUXILIARY
DEPARTMENT OF TEXAS
P.O. Box 1629
Little Elm, TX 75068-1629
secretary@alateexas.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. 1,2025 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 Division Convention