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

DIVISION EXPENSE FORM

Name: ____ Division: _______________________

Address: ____ Zip: __________________

Visit Date: _______________ Unit or District No. ________ Location: ___________________________

Report of Visit: ____

____

Did you get permission from the Department President for the visit: Yes _____ No _____
Total miles to and from: _______________ .25 per mile = Total Mileage $___________
Did you receive a Love Gift: Yes ____ No ____ if yes check or cash ____________ Total received ________

Page Total $ _________

Division President Expense Reimbursement Guidelines
Attach receipts and ensure all submissions are properly marked

- Division Presidents may be reimbursed for approved expenses.
- Eligible expenses begin September 1 of the current year and continue through the Department Convention the following year. For example: September 1, 2026, through July 15, 2027.
- The Department does not pay expenses for Division Conventions. Division Convention expenses are the responsibility of the Division.
- If traveling to a Unit/District with a Legionnaire who is visiting the same home post, and that Legionnaire receives travel expense reimbursement from The American Legion Department of Texas, please do not request reimbursement for that travel.
- If you receive a **Love Gift** from the Unit, such as **cash or a check**, please do not request reimbursement for that visit only if the mileage is more than the Love Gift.
- Request permission from the Department President for your travels.
- Best form of correspondence is through emails.
- Email the completed report to Secretary Tiffany Troxclair at secretary@alatexas.org. The report will be forwarded to the Finance Committee and the President for approval.
- **Deadline:** Reports must be received by the Department Office prior to **August 1st**. No reimbursement will be made after this date.

Date: __________________________ Signed: ____

Approved by: ____ Date: ________________

Revised 07/19/2026