



The American Legion Auxiliary Department of Texas
 PO. Box 140407 / Austin/ Texas / 78714-0407
 Phone (512) 476-7278 / Fax (512) 482-8391
 secretary@alatexas.org
 officemanager@alatexas.org

Name: _____ Title: _____

Officer/Committee

Address: _____

City: _____ Zip: _____

Authorization/Travel to City: _____

Authorized Dates From: _____ to: _____

_____ I will be driving by myself to: DEC _____ Midwinter _____ Department Convention: _____

_____ I will be driving with: _____

Does this person receive a call-in from Department: Yes _____ NO _____

_____ I do have reservations at the designated hotel Confirmation #: _____

_____ I will not be staying in the hotel and understanding I will not receive my Per Diem

_____ I choose to receive my entire Per Diem

_____ I choose to donate back to the Department of Texas General Fund my entire Per Diem

_____ I choose to donate back to the Department of Texas General Fund part of my Per Diem
 Amount: \$ _____ to be donated to Department.

_____ I choose to donate back to the Department of Texas General Fund all mileage dollars allowed.

_____ I choose to donate to the Department of Texas General Fund part of my mileage dollars.
 Amount: \$ _____ to be donated to Department.

Signature: _____ Date: _____

This form must be returned to Department Headquarters no later than ten (10) days prior to said meeting or as required by call-in notice. If Per Diem form is not received by the close of said event a check will not be distributed. Please mail form to Department Headquarters Attn: Office Manager or email officemanager.alatexas.org

For Office Use only

Received By: _____ Date _____

Date copy sent to Department Secretary/President/Finance/Bookkeeper: _____

Department Executive Committee Meeting _____ Department Midwinter _____ Department Convention _____ Other Event _____

Cc/ Department Secretary
 Department President/Department Finance Chairman
 Department Office Manager/Department Bookkeeper