

AMERICAN LEGION AUXILIARY
DEPARTMENT OF TEXAS
PO Box 140407
Austin TX 78714-0407

ACTIVITY CHAIRMAN EXPENSE FORM

Name _____ Chairman of _____

Address _____ Phone # _____

Telephone Calls (attach bill or copies) _____ Amount \$ _____

Postage (attach Post Office receipt) _____ Amount \$ _____

Supplies i.e. file folders, copies, envelopes etc. (attach receipts) _____ Amount \$ _____

Mileage (@ .22 a mile) _____ Amount \$ _____

NOTE: Receipts MUST be attached and PROPERLY marked PAGE TOTAL \$ _____
(EXAMPLE: phone calls highlighted or otherwise identified)
and for the CURRENT time period (after DEPT. CONVENTION
to the next DEPT. CONVENTION) **BEFORE** reimbursement
can be made.

SEND IN EXPENSES FOR REIMBURSEMENT AS THEY OCCUR.

**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 _____