

AMERICAN LEGION AUXILIARY
DEPARTMENT OF TEXAS
PO Box 140407
AUSTIN 78714

DIVISION EXPENSE FORM

Name _____ Address _____ Div. No. _____

VISITS TO: **

**Dist. No. _____ Location _____ Date _____

Mileage: _____ miles @ .22 per Mile.....Amount \$ _____

Expenses: Description _____ Amount \$ _____

(Receipts to be attached)

Report of Visit: _____

**Dist. No. _____ Location _____ Date _____

Mileage: _____ miles @ .22 per Mile.....Amount \$ _____

Expenses: Description _____ Amount \$ _____

(Receipts to be attached)

Report of Visit: _____

Incidentals (Telephone calls, postage, copies, etc.).....\$ _____

TOTAL

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.

**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 _____