



**Sons of The American Legion
Detachment Expense Report Form
Effective August 1, 2016**

Name: _____ Office: _____

Address: _____

City: _____ Zip: _____

Month / Year _____

Date	Location / Purpose	Room / Meals	Mileage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Travel Room / Meals _____

Total Mileage: _____ total Miles X \$0.50 _____

Telephone Expense (Attach copy of the bill) _____

Postage Expense _____

Stationary & Supplies _____

Other Expenses (Please describe) _____

Total Expenses for the Month _____

MONTHLY EXPENSE REPORTS MUST BE SUBMITTED TO DETACHMENT ADJUTANT BY THE 10TH OF THE MONTH FOLLOWING THE EXPENSE REPORT (i.e. AUGUST REPORT IS DUE BY SEPTEMBER 10TH).

EXPENSE REPORTS 60 OR MORE DAYS PAST DUE WILL NOT BE REIMBURSED

SIGNATURE: _____

DETACHMENT APPROVAL _____

DEPARTMENT APPROVAL _____

Charge: ACCT. NO. _____ AMOUNT: _____
