

This form is available on line  
 www.amlegionauxwi.org

**EXPENSE REPORT**

Expense Reports must be filed ***within 15 days*** of the Event with the Department Executive Secretary to claim any expenses incurred. Expenses will be reimbursed at the rates approved by the Finance Committee.

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Your program \_\_\_\_\_ Position: \_\_\_\_\_  
 (Example: Americanism, Community Service; etc.)  
 Event: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_

- HOUSING:** Based on room rate for a standard room. 1/2, 1/3 or 1/4 of rate paid based on occupancy at hotel designated by Department. Housing expense is not authorized for members living within 30-miles of the event site.
- No single rate allowed unless authorized by Department prior to event.

Housed at \_\_\_\_\_ Arrival Date \_\_\_\_\_  
 Room shared with \_\_\_\_\_ Departure Date \_\_\_\_\_

**1 - Total Housing share \$** \_\_\_\_\_  
 (please attach paid bill)

- MEAL ALLOWANCE:** Based on \$5 for breakfast; \$7 for lunch; \$13 for dinner (NOT ACTUAL COST OF MEAL) Receipts are not required for meals. Please circle the meals you are authorized:

Day of Week	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
<b>Date</b>							
Breakfast	\$5	\$5	\$5	\$5	\$5	\$5	\$5
Lunch	\$7	\$7	\$7	\$7	\$7	\$7	\$7
Dinner	\$13	\$13	\$13	\$13	\$13	\$13	\$13

**2 – Meal total \$** \_\_\_\_\_

- TRANSPORTATION:** mileage to the driver of the car @ .20 per mile

I drove – my passengers were \_\_\_\_\_  
 I did not drive – I was a passenger of \_\_\_\_\_

Transportation - # of miles \_\_\_\_\_ @ .20 cents (ROUND TRIP) **3 – Trans. total \$** \_\_\_\_\_

- OTHER EXPENSES:** Receipts are required for all expenses. \_\_\_\_\_

**4 – Other total \$** \_\_\_\_\_

**5 – TOTAL 1+2+3+4= \$** \_\_\_\_\_

Law requires a signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Required Signature)

<b>For Office Use Only:</b>	
Dept. Sec.: _____	
# _____	\$ _____
# _____	\$ _____
Date Approved: _____	