

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 and title _____ Position: _____ Date: _____
 (Example: Americanism, Community Service; etc.)
 Event: _____ Location: _____

1. **HOUSING:** Based on room rate for a standard room: at approved housing.
2. 1/2, 1/3 or 1/4 of rate paid based on occupancy at hotel designated by Department.
3. Housing expense is not authorized for members living within 30-miles of the event site.
4. 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)

3. **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
Date						
Breakfast	\$5	\$5	\$5	\$5	\$5	\$5
Lunch	\$7	\$7	\$7	\$7	\$7	\$7
Dinner	\$13	\$13	\$13	\$13	\$13	\$13

2 - Meal total \$ _____

4. **TRANSPORTATION:** mileage to the driver of the car @ .20 per mile with no passengers
 1. mileage to the driver of the car @ .25 per mile with other call-in Auxiliary members as passengers

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

Transportation - # of miles (round trip) _____ X \$.20 cents or \$.25 3 - Trans. total \$ _____

5. **OTHER EXPENSES:** Receipts are required for all expenses. _____

4 - Other total \$ _____

5 - TOTAL 1+2+3+4= \$ _____

Law requires a signature: _____ Date: _____
 (Required Signature)

For Office Use Only:	
Dept. Sec.:	_____
# _____	\$ _____
# _____	\$ _____
Date Approved:	_____