

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:

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

Housed at: _____ Arrival Date: _____

Room shared with: _____ Departure Date: _____

1 – Share of Housing Subtotal _____
 (please attach paid bill)

2. 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
Date							
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 Subtotal _____

3. TRANSPORTATION:

- I did not drive – I was a passenger of _____
- I drove – my (called-in) passengers were _____
 mileage to the driver of the car @ .20 per mile with no called-in Auxiliary member passengers
 mileage to the driver of the car @ .25 per mile with other called-in Auxiliary member passengers

Transportation - # of miles (round trip) _____ X \$0.20 or \$0.25

3 – Transportation Subtotal _____

4. OTHER EXPENSES: Receipts are required for all other expenses (list):

_____ **4 – Other Expenses Subtotal** _____

5 – TOTAL 1+2+3+4= _____

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

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