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AMERICAN LEGION AUXILIARY – DEPARTMENT OF WISCONSIN  
PO Box 140 – Portage, WI 53901-0140

**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. TRANSPORTATION:**

**Documentation (MapQuest, Google Maps, etc.) must be submitted with expense report for reimbursement of mileage.**

- 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
- Documentation verifying mileage is attached.  
Transportation - # of miles (round trip) \_\_\_\_\_ X \$0.20 or \$0.25

**2 – TRANSPORTATION SUBTOTAL \$** \_\_\_\_\_

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

\_\_\_\_\_

**3 – OTHER EXPENSES SUBTOTAL \$** \_\_\_\_\_

**4 – TOTAL EXPENSES 1+2+3= \$** \_\_\_\_\_

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

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