



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

**EXPENSE REPORT**

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

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Program \_\_\_\_\_  
(Example: Americanism, Community Service; etc.)

Event: \_\_\_\_\_ Location: \_\_\_\_\_

**1. HOUSING** (if authorized on call-in):

- 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 in writing by Department President 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= \$** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required)

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