American Legion Auxiliary
Department of Washington

# ITEMIZED EXPENSE VOUCHER

Name: _____ Date: _____

Address: _____

_____

Phone: (_____) _____

**OFFICE/COMMITTEE**: _____

**PURPOSE (Type of Meeting): _____**

**MILEAGE: From _____ To_____**

MILEAGE @ $.20/MI ROUND TRIP _____ MILES $ _____

**HOTEL Expenses: # of nights ____ up to $50.00/ea. $ _____**

**EXPENSES** (RECEIPTS MUST BE ATTACHED):

_____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____

TOTAL $ _____

Signature: _____

COMPLETE AND RETURN TO DEPARTMENT SECRETARY
PO BOX 5867 LACEY, WA 98509-5867

**Ladies – The Expense Voucher is a very important document. It is each of our responsibilities to fill it in completely and legibly.**

**Our Department Treasurer should not have to guess which line item covers your task.**

**OFFICE/COMMITTEE**:

- Officer – Your Title? Department Officer
  District President of District #?
- Committee – Name of Committee you serve on, and Chairman or Member

**You must submit a separate Voucher to cover separate dates of different activities.**

- Example: As a member of the Executive Committee you would submit a voucher with all necessary information for maximum of 3-days, per Call-in. And if you are "Incoming District President" then you must submit another voucher to cover one day for the Installation.

**PURPOSE (Type of Meeting): Please be specific –**
**Unit Visitation, District Activity, Department Activity, i.e. Conference, Mid-Winter, Department Convention, and their locations**

**MILEAGE: From _____ To_____**

MILEAGE @ $.20/MI ROUND TRIP _____ MILES $ _____

**HOTEL: # of nights ____reimbursed up to $50.00/ea. $ _____**

**List number of nights allowed per Call-In and include Receipt.**

**EXPENSES** (RECEIPTS MUST BE ATTACHED):

It is very important to be specific and note items purchased.

**Please submit Expense Voucher to Department within 15-days of activity.**

**Revised July 18, 2007 by Finance Committee**