American Legion Auxiliary
Department of Washington

ITEMIZED EXPENSE VOUCHER

Name: _____ Date: _____

Address: _____

_____

Phone: (_____) _____

OFFICE/COMMITTEE: _____

PURPOSE (Type of Meeting): _____

MILEAGE: From _____ To_____

MILEAGE @ $.25/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