



American Legion Auxiliary
Department of California

Authorized Travel Expense Sheet

This form to be used as reimbursement request for trips authorized on the basis of

ACTUAL EXPENSES ONLY

*****CHECKS MUST BE CASHED WITHIN 30 DAYS OF ISSUANCE*****

Trip/Event _____ Date: _____
Name _____
Auxiliary Title: _____
Address: _____
City/State/Zip _____

Plane Fare (Round Trip) If Necessary	\$
Transportation to and from airport	\$
Bus/Train Fare	\$
Automobile Expense- Parking, etc.	\$
Room- If Necessary	\$
Meals- If Necessary	\$
Registration Fee	\$
Mileage- _____ x 2 x \$.25	\$
Total	\$

		For Office Use	
		Date:	
Signature _____		Account:	
		Check #:	
District Number _____ Unit Number _____		Authorized By:	