

# The American Legion Dept. ND

## Expense Reimbursement Form



### Department Officer & Committee Authorized Expense Reimbursement

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

**Expenses may be rejected without proper documentation and/or receipts.  
 This form must be completed and signed.**

#### No more than 2 events per report

Event #1 _____	Location _____
Date(s) of Event _____	
Roundtrip Mileage _____	at \$0.35 per mile \$ _____
Reimbursement Rate _____	# of Nights _____ at \$55 per overnight stay \$ _____
Legion Purpose _____	
Total for Event _____ \$ _____	

Event #2 _____	Location _____
Date(s) of Event _____	
Roundtrip Mileage _____	at \$0.35 per mile \$ _____
Reimbursement Rate _____	# of Nights _____ at \$55 per overnight stay \$ _____
Legion Purpose _____	
Total for Event _____ \$ _____	

Other Reimbursible Legion expenses incurred for this report period.	
_____	\$ _____
_____	\$ _____

**Total per this expense report** **\$ \_\_\_\_\_**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attach receipts and mail to the ND Dept of The American Legion, PO Box 5057, West Fargo, ND 58078