# EXPENSE REPORT

THE AMERICAN LEGION, DEPARTMENT OF ILLINOIS
BLOOMINGTON, ILLINOIS

Date _____

Name _____ Title _____ District _____ Division _____

Address _____ City _____ Zip _____

1. List amount of each separate expenditure for traveling away from home, such as cost of transportation and lodging
2. Expenses for meals, taxi fares, tips, etc. may be lumped in these categories for each day.
3. Telephone expenses may be submitted in a lump sum for the month (No receipt necessary unless the cost is excessive).
4. Receipts must be submitted for lodging, regardless of amount and every other single expenditure where a receipt is given.

## DAILY DIARY OF EXPENSES

| Date | Description of Expense | Amount |
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| | **TOTAL EXPENSES** | $ - |

Budget Account No. _____

Approved _____ Signed _____
Dept Adj./Finance Officer

NOTE: Reimbursement for expenses cannot be originated until this form is properly signed by party incurring expense. Reimbursement for expenses budgeted for a given fiscal year will not be honored unless received by the Department Adjutant/Finance Officer on or before July 31st of that fiscal year.