## **EXPENSE REPORT**

## THE AMERICAN LEGION, DEPARTMENT OF ILLINOIS BLOOMINGTON, ILLINOIS

	BLOOMINGTON, ILLINOIS		
		Date	
Name	Title	District	Division
Address		Zip	
<ul><li>2. Expenses f</li><li>3. Telephone</li></ul>	t of each separate expenditure for traveling away from home, such as cost or meals, taxi fares, tips, etc. must be listed separately. Please include receive expenses may be submitted in a lump sum for the month (No receipt neces ust be submitted for lodging, regardless of amount and every other single eight place.  DAILY DIARY OF EXPENSES	eipt for each expenditure. ssary unless the cost is excess	sive).
Date	Description of Expense		Amount
		_	
Budget Account No. TOTAL EXPENSES		\$ -	

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.

Dept Adj./Finance Officer

Signed \_\_\_\_\_

Revised 10-4-2011

Approved