

THE AMERICAN LEGION DEPARTMENT OF ARKANSAS

CLAIM FOR OFFICIAL EXPENSES

DATE _____

NAME _____ OFFICIAL TITLE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ - _____

PLEASE submit expenses to Department Headquarters within 30 days of accrual. Statements must be made by the traveler and vouchers attached to this statement. The Department Commander or Adjutant must authorize reimbursement for any expense not listed below.

When attending officially called meetings, members of the DEC and Standing Committees are authorized an amount up to a total of \$75.00 per diem per day (provided they have to stay overnight at a hotel) plus \$0.34 ½ per mile for travel by POV. If travel performed by common carrier, expense will not exceed Coach Class fare and must be approved in advance of travel by the Department Commander or Adjutant.

Date	City Visited	Mileage	Amount	Reason for Travel	Total

POSTAGE _____

TELEPHONE _____

MISC. _____

TOTAL _____

"I hereby certify that the above expense was incurred by me in the service of, and for the benefit of the American Legion, Department of Arkansas, and has not been reimbursed from any other source."

Signed _____ Date _____

Approved _____ Date _____
Department Commander/ Adjutant