

SONS OF THE AMERICAN LEGION
DETACHMENT OF MINNESOTA

EXPENSE VOUCHER DETAILING

NAME _____

VOUCHER DATE _____

VOUCHER MEETING _____

MILEAGE _____ COST \$ _____

PER DIEM RATE _____ COST \$ _____

OTHER AUTHORIZED EXPENSES

_____ COST \$ _____

_____ COST \$ _____

_____ COST \$ _____

_____ COST \$ _____

_____ COST \$ _____

_____ COST \$ _____

TOTAL AMOUNT OF VOUCHER TOTAL \$ _____

THIS FORM MUST BE TURNED IN WITH YOUR VOUCHER IN ORDER TO
RECEIVE REIMBURSEMENT.

EXPENSE VOUCHER
 The American Legion, Department of Minnesota
 State Veterans Service Building
 St. Paul, Minnesota 55155

Dept	Vendor:
Use	Amount:
Only	Acct#:

I hereby certify that I attended the _____

duly authorized and held at _____ On _____

TRAVEL

MILEAGE at 45¢ per mile round trip

Date	Traveled by (Air,Auto,Other)	Miles	From	To	Cost
					\$
					\$
Sub-Total \$					

PER DIEM RATE

Per Diem Rate - \$45 per day for 2 for more day meetings. No Per Diem for ONE DAY Meetings

Date	Description	Amount
		\$
		\$
		\$
Sub-Total \$		

OTHER AUTHORIZED EXPENSES

	\$
	\$
	\$
Sub-Total \$	

Print Name : _____

Sign Here X

TOTAL \$ _____

Committee _____

Approved by _____

(Name)

Title _____

Using TMAdobe Reader-

Complete filling in all necessary fields on **both** pages.

Print **both** pages.

Sign the **Yellow** form.

Mail to the address on top of **Yellow** form.

Note: Put "**ATTN: SAL Finance Officer Bruce Kuiper**" on envelope.

(You may also Save a copy for your records.)