



AMERICAN LEGION AUXILIARY

Department of California
401 Van Ness Avenue, Room 113
San Francisco, California 94102
(415) 861-5092 FAX (415) 861-8365

Authorized Travel Expense Sheet

This form to be used as reimbursement request for trips authorized on the basis of
ACTUAL EXPENSES ONLY

*****CHECKS MUST BE CASHED WITHIN 30 DAYS OF ISSUANCE*****

Trip/Event _____ Date: _____

Name _____

Auxiliary Title: _____

Address: _____

City/State/Zip _____

Plane Fare (Round Trip) If Necessary	\$
Transportation to and from Airport	\$
Bus/Train Fare	\$
Automobile Expense - Parking, etc.	\$
Room - If Necessary	\$
Meals - If Necessary	\$
Registration Fee	\$
Mileage - _____ miles x 2 x \$.25	\$
Total	\$

Signature

District Number _____ Unit Number _____

For Office Use	
Date:	
Account:	
Check #:	
Authorized By:	