

EXPENSE REPORT



THE AMERICAN LEGION DEPARTMENT OF OREGON
P.O. Box 1730, Wilsonville, OR 97070-1730

INSTRUCTIONS: All expense reports shall be approved by the immediate chairperson and the Department Adjutant.

Receipts must accompany this expense report. To sign electronically, please type your member ID #.

All expenditures that are authorized and not provided for under printed headings shall be itemized on the report. Details must be brief, but clear. The approval indicates that the approving authority is satisfied as to the propriety and reasonableness of the charges on that particular report.

Please call Department HQ @ (503) 685-5006 with any questions. (R/T - Round Trip - Mark Yes or No)

Date	Travel From:	To:	R/T	Purpose	Mileage	Per Diem
Totals:					Number of Lodging Nights:	
Totals:	Mileage:		@	\$	0.20	

Other Expenses:

Chairperson Approval: _____ Date: _____
 Adjutant Approval: _____ Date: _____
 Finance Officer Approval: _____ Date: _____

Other Expenses Total:

TOTAL AMOUNT TO BE PAID:

I hereby certify the above to be a true and correct statement of the expenses incurred by me in the performance of my duties as an official of The American Legion Department of Oregon

OFFICIAL USE ONLY:	Name:	Sign:
Budget Line:	Officer/Commission/Committee Budget:	
	Address:	Check box if new address
	City/State/Zip:	

Return Completed form with receipts, within 30 days to **PO Box 1730, Wilsonville, OR 97070**
or **adjutant@orlegion.org** or fax to **(503) 685-5008**.