

AMERICAN LEGION AUXILIARY – DEPARTMENT OF OREGON
PO BOX 1730, WILSONVILLE, OREGON 97070
Phone 503-682-3162 Fax 503-685-5008
alamembership@alaoregon.org

EXPENSE REPORT

INSTRUCTIONS

Expense reimbursement amounts will be as outlined in the Standing Rules, Financial Policies and annual budget. For those not addressed in the Standing Rules, Financial Policies, or annual budget, the Department Finance Committee will make the payment determination on the reimbursement request submitted.

The Department generates payments twice per month. Please complete the report with as much information as possible and include all receipts to support the expense reimbursement request. Missing receipts and information will delay payment.

NAME: _____ POSITION TITLE: _____

AUTHORIZED TO ATTEND: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

TRAVEL RELATED EXPENSES

<u>Date</u>	<u>Miles Total</u>	<u>Mileage Exp</u> (miles x 0.15)	<u>Room</u> (½ of your expense)	<u>Daily Total</u>
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
Total Travel Reimbursement Request				\$ _____

MISCELLANEOUS EXPENSES

<u>Date</u>	<u>Expense Request for:</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Total Misc. Reimbursement Request		\$ _____
TOTAL REIMBURSEMENT REQUEST		\$ _____

_____ **I wish to donate, see back for donating**