

AMERICAN LEGION AUXILIARY – DEPARTMENT OF OREGON
P.O. BOX 1730 WILSONVILLE, OREGON 97070-1730
Phone 503-682-3162 Fax 503-685-5008
alaor@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 and communicate to the Executive Director for action.

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>Mileage</u> (miles x 0.30)	<u>Room</u> (½ nightly rate)	<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		<u><u>\$ _____</u></u>

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

Signature _____ Date _____