

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 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 0.15)	<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		\$ _____

___ I wish to donate my reimbursement back to Department (Please see back page)

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 _____

UNIT SUGGESTED DONATION CHECK LIST

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INSTRUCTIONS

Units have the opportunity to support American Legion Auxiliary programs through donations from members and special event fundraising. These listings are the programs at the Department and National level that you are encouraged to promote within your Unit.

DEPARTMENT OF OREGON PROGRAMS

Department General Fund 400-417 \$ _____

DEPARTMENT OF OREGON PROGRAMS

Department President Project 400-775 \$ _____

Department Scholarship Fund 450-102 \$ _____

Veterans Affairs & Rehabilitation Fund

Direct Aid to Veterans and their families 450-101 \$ _____

Check of the Month (Hospitals year-round programs) 400-572 \$ _____

Christmas Cheer (Gifts for patients in hospital) 400-574 \$ _____

Lebanon Veterans Home Gift Shop 400-524 \$ _____

Oregon Veterans Home Gift Shop 400-525 \$ _____

Portland Gift Shop 400-526 \$ _____

Roseburg Gift Shop 400-527 \$ _____

Portland Transplant Unit 400-570 \$ _____

Gift Shop General Fund 400-579 \$ _____

Total Amount Enclosed: \$ _____

Check # _____

Unit mailing address: _____

Make check payable to: American Legion Auxiliary Department of Oregon

Mail to: American Legion Auxiliary Department of Oregon