THE AMERICAN LEGION – DEPARTMENT OF NEW YORK

PAYEE:	NAME:			
	ADDRESS:			
	DESC	CRIPTION	COMMITTEE	TOTAL
Per Diem		ge is .50/mile; Tolls will NOT be nbursed.		
Alleage is paid for <u>ONE</u> person only. No mileage is allowed or passengers.				
OUCHER REIMBURS		MITTED WITHIN 60 DAYS AFTI	ER EVENT IN ORDE	R TO BE
/ • / • • • • • • • • • • • • • • • • •				
(Attach schedule if more space is required) (Please include receipts)			Total	\$
I hereby ce	ertify that the fore	going account is true to the best	of my knowledge and	belief.
Date Signature			ture	
		FOR DEPARTMENT US	E ONLY	

DEPARTMENT ADJUTANT