**THE AMERICAN LEGION – DEPARTMENT OF NEW YORK
2018 – Hill Day**

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|  **PAYEE:** | **NAME:** |  |
|  | **ADDRESS:** |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **DESCRIPTION** | **COMMITTEE** | **TOTAL** |
| 2 Day per diem @ **$100/day for The Desmond /** $80/day for any other hotel  | **Hill Day**Executive Committee and Legislative Committee **ONLY** |  |
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| **Mileage** is .50/mile. **Tolls will NOT be reimbursed** Mileage is paid for ONE person only. No Mileage is allowed for passengers. **(Please include receipts)** |  |  |
|  |  |
| **VOUCHER MUST BE SUBMITTED WITHIN 60 DAYS AFTER EVENT IN ORDER TO BE REIMBURSED** |  |
| **Net Amount to be Paid** | **$** |

I hereby certify that the foregoing account is true to the best of my knowledge and belief.

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 Date Signature

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**FOR DEPARTMENT USE ONLY**

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**DEPARTMENT ADJUTANT**