

THE AMERICAN LEGION – DEPARTMENT OF NEW YORK

PAYEE: NAME: _____

ADDRESS: _____

DESCRIPTION/Committee		TOTAL

VOUCHER MUST BE SUBMITTED WITHIN 60 DAYS AFTER EVENT IN ORDER TO BE REIMBURSED.
Per Diem is \$100.00; Mileage is .50/mile. Tolls will NOT be reimbursed.
Mileage is paid for ONE person only. No mileage is allowed for passengers.

If possible Please include receipts	Total	\$
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I hereby certify that the foregoing account is true to the best of my knowledge and belief.

_____ Date

_____ Signature

FOR DEPARTMENT USE ONLY

 DEPARTMENT ADJUTANT