

**THE AMERICAN LEGION – DEPARTMENT OF NEW YORK
Mid-Winter Conference**

*** Please List your Committee Name**

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	\$
--	--------------	-----------

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