

**THE AMERICAN LEGION – DEPARTMENT OF NEW YORK  
Department Convention – Buffalo- July 2019**

PAYEE:    NAME:    \_\_\_\_\_  
                  ADDRESS: \_\_\_\_\_  
                  \_\_\_\_\_

DESCRIPTION/Committee		TOTAL
<b><u>MUST Include the name of your committee for payment of call in.</u></b>		
<b>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 <u>ONE</u> person only. No mileage is allowed for passengers.</b>		
<b>If possible Please include receipts</b>	<b>Total</b>	<b>\$</b>

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

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

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**FOR DEPARTMENT USE ONLY**

\_\_\_\_\_  
 DEPARTMENT ADJUTANT