

THE AMERICAN LEGION – DNY – Department Convention July 2022

PAYEE: NAME: _____

ADDRESS: _____

PLEASE INCLUDE THE NAME OF YOUR COMMITTEE

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 <u>ONE</u> 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