

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

**\* Please List your Committee Name**

**PAYEE: NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

To receive your reimbursement-check at the Mid-Winter Conference, vouchers need to be received at headquarters **no later than January 3, 2024**. Any voucher received after that date will be mailed after Mid-Winter Conference is over.

DESCRIPTION/ Please list your committee name		TOTAL
<b>Please list your committee name</b>		
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<b>VOUCHER MUST BE SUBMITTED WITHIN 60 DAYS AFTER EVENT IN ORDER TO BE REIMBURSED.</b> 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

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**FOR DEPARTMENT USE ONLY**

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