# THE AMERICAN LEGION – DNY –

**Department Convention July 2024**

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| **PAYEE:** | **NAME:** |
|  | **ADDRESS:** |

# PLEASE INCLUDE THE NAME OF YOUR COMMITTEE

|  |  |  |
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| **DESCRIPTION/Committee** |  | **TOTAL** |
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| **.** |  |  |
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| **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