

THE AMERICAN LEGION – DEPARTMENT OF NEW YORK

PAYEE: NAME: _____
 ADDRESS: _____

DESCRIPTION/ Event or Committee & Date of Event		TOTAL
Date of EVENT must be included!! VOUCHER to BE SUBMITTED WITHIN 60 DAYS Of EVENT		
Mileage is .51/mile. Tolls will NOT be reimbursed. No mileage is allowed to passengers.		
Please Include Any 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

Mail to:
 TAL-DNY
 1304 Park Blvd
 Troy NY 12180
 or Email

 DEPARTMENT ADJUTANT