

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

Name: _____

Address: _____

To receive your reimbursement-check at the Mid-Winter Conference, vouchers need to be received at headquarters **no later than January 5, 2026**. Any voucher received after that date will be mailed after Mid-Winter Conference is over.

| DESCRIPTION/ Please list your committee's name | | TOTAL |
|---|--------------|--------------|
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| You must attend & sign into your assigned committee meeting. | | |
| No mileage reimbursement will be authorized for individuals living within fifty (50) miles of the meeting site | | |
| VOUCHER MUST BE SUBMITTED WITHIN 60 DAYS AFTER EVENT IN ORDER TO BE REIMBURSED. Per Diem is \$100.00; Mileage is .51/mile. Tolls will NOT be reimbursed. | | |
| 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