

*The American Legion - Dept of NY*

1304 Park Boulevard Troy NY 12180

**Dept. Convention**

Name \_\_\_\_\_

Address \_\_\_\_\_

**If You are on Dept's Master Bill remit for Mileage ONLY. There is no per diem.**

Committee Name	Call In days/ Mileage/ Explanation	TOTAL
If you are on Dept's Master Bill Remit Mileage ONLY! Per Diem is \$100		
<ul style="list-style-type: none"><li>• Mileage is .51/mile</li><li>• Tolls will NOT be reimbursed</li><li>• No mileage is allowed to passengers or those living within fifty(50) miles of the meeting site</li></ul>		
<b>VOUCHER MUST BE SUBMITTED WITHIN 60 DAYS AFTER THE EVENT IN ORDER TO BE REIMBURSED</b>		
	Total	\$

I hereby certify that the foregoing is true to the best of my knowledge

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

Mail: **TAL-DNY**  
**1304 Park Blvd**  
**Troy, NY 12180**

Email: **Charlie@nylegion.org**

\_\_\_\_\_ Department Adjutant