

STATEMENT OF EXPENSE

**TO: STATE FINANCE OFFICER, THE AMERICAN LEGION
STATE HQ, PO BOX 67, WATERTOWN, SD 57201**

DATE: _____

NAME: _____

PURPOSE: _____

EXPENSES FROM _____ **TO** _____

MAIL CHECK TO THIS ADDRESS:

STREET ADDRESS: _____ **CITY:** _____

STATE: _____ **ZIP CODE:** _____

PLEASE FILL OUT COMPLETELY, LISTING ALL ITEMS FOR WHICH REIMBURSEMENT IS SOUGHT. IF ADDITIONAL SPACE IS NEEDED, ATTACH HERETO.

Mileage rate is calculated at 80% of the South Dakota State Government High Mileage Rate for reimbursement.

DATE	FROM	TO	#MILES TRAVELED	AMT @\$0.524/MILE	PURPOSE

TOTAL.....\$ _____

***** All expenses must be filed within 60 days of the actual date expenses were incurred.**

Meals and Lodging rate is calculated at 80% of the South Dakota State Government Standard Rate for reimbursement.

DATE	FROM	TO	#MILES TRAVELED	AMT @\$0.524/MILE	PURPOSE
BREAKFAST \$4.80					
LUNCH \$11.20					
DINNER \$16.00					
LODGING \$85.60					

PLEASE ATTACH HOTEL OR MOTEL RECEIPTS.

TOTAL.....\$ _____

DATES	FROM	TO	#MILES TRAVELED	AMT @\$0.524/MILE	PURPOSE
MISC. - ADD DESCRIPTION					

TOTAL.....\$ _____

GRAND TOTAL.....\$ _____

LESS DONATION AMOUNT.....\$ _____

TOTAL REIMBURSEMENT.....\$ _____

I herby certify that the above indicated expenses were incurred by me in the performance of my official duties.

I would like to donate this amount \$ _____ to The American Legion Department of South Dakota.

SIGNED _____ DATE _____

APPROVED BY (COMM CHRM/DIST CMDR) _____ DATE _____

FINANCE OFFICER SIGNATURE _____ DATE _____

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