



American Legion Auxiliary, Department of Washington

---

## ITEMIZED EXPENSE VOUCHER

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

OFFICE/COMMITTEE: \_\_\_\_\_

PURPOSE (Type of Meeting): \_\_\_\_\_

MILEAGE: From \_\_\_\_\_ To \_\_\_\_\_

MILEAGE @ \$.25/miles ROUND TRIP \_\_\_\_\_ MILES \$ \_\_\_\_\_

PER DIEM: # of Days \_\_\_\_\_ up to \$50.00/each \$ \_\_\_\_\_

EXPENSES (RECEIPTS MUST BE ATTACHED):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Per the Department Constitution and By-Laws, Expense vouchers for called-in Officers, Chairman and Committee Members must be presented to the Secretary within thirty (30) days after the expense is incurred

COMPLETE AND RETURN TO DEPARTMENT SECRETARY  
PO BOX 5867 LACEY, WA 98509-5867

Date _____	From _____	to _____	Miles _____
Date _____	From _____	to _____	Miles _____
Date _____	From _____	to _____	Miles _____
Date _____	From _____	to _____	Miles _____
Date _____	From _____	to _____	Miles _____
Date _____	From _____	to _____	Miles _____
Date _____	From _____	to _____	Miles _____
Date _____	From _____	to _____	Miles _____
			Total Miles _____

Total Miles @ .25/mile = \_\_\_\_\_

---

For office use only:

Date received \_\_\_\_\_

Received by \_\_\_\_\_

Reimbursement check # \_\_\_\_\_

Date Check mailed \_\_\_\_\_

Mailed by \_\_\_\_\_