

Sons of The American Legion, Detachment of Wisconsin

TRAVEL EXPENSE STATEMENT

Only the Commander and Adjutant have a travel expense budget. All others fill in the top, and the event, date, and signature on the bottom.

NAME _____	ADDRESS _____	
CITY _____	ZIP CODE (PLUS 4) _____	
TITLE _____	DISTRICT _____	
	SQUADRON _____	

ITEMIZATION OF EXPENSES														
Two copies must be submitted within thirty (30) days of the event.														
DATE	TRAVEL: Travel is authorized by the Detachment at the rate of \$0.35 a mile for driver. <div style="text-align: center;">(MAXIMUM ALLOWANCE)</div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Driver _____</td> <td style="width: 50%;">1st Pax _____</td> </tr> <tr> <td>2nd Pax _____</td> <td>3rd Pax _____</td> </tr> <tr> <td>From _____</td> <td>To _____</td> </tr> <tr> <td>From _____</td> <td>To _____</td> </tr> <tr> <td>Number of miles _____</td> <td style="text-align: center;">Round Trip / One Way _____</td> </tr> <tr> <td colspan="2" style="text-align: right;">TOTAL</td> </tr> </table>	Driver _____	1st Pax _____	2nd Pax _____	3rd Pax _____	From _____	To _____	From _____	To _____	Number of miles _____	Round Trip / One Way _____	TOTAL		\$ _____
Driver _____	1st Pax _____													
2nd Pax _____	3rd Pax _____													
From _____	To _____													
From _____	To _____													
Number of miles _____	Round Trip / One Way _____													
TOTAL														
DATE	LODGING: Actual cost of lodging will be reimbursed, but in no event shall exceed \$100.00 per day. Number of days _____ at \$ _____ per day Number of days _____ at \$ _____ per day <div style="text-align: right;">TOTAL</div>	\$ _____												
DATE	MEALS: Actual cost of meals will be reimbursed, but in no event shall exceed \$5.00 for breakfast, \$10.00 for lunch and \$15.00 for dinner. Breakfast _____ Lunch _____ Dinner _____ Breakfast _____ Lunch _____ Dinner _____ <div style="text-align: right;">TOTAL</div>	\$ _____												

Receipts should be attached whenever possible.

TOTAL EXPENSES \$ _____

The above expenses were incurred on Detachment business:

Nature of trip - Name of committee - Name of meeting.

SIGNATURE _____

DATE _____

APPROVED _____
Detachment Finance Chairman

APPROVED _____
Department Adjutant

CHARGE ACCOUNT NUMBER _____ .20