American Legion Auxiliary • Department of North Dakota

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Expense Reimbursement Sheet - Please Print / Signature Required Below

Name: _____   Date: _____

Title: _____   Unit No: _____

Address: _____   District No: _____

City, State, Zip: _____

I herewith submit my expenses for the following:

☐ DEC Organizational Meeting   ☐ National Covention

☐ Department Convention   ☐ Girls State

☐ Winter Conference   ☐ Other: _____

☐ **District President Activity (must be accompainied by receipts)

Transportation

	Mileage by Car ($.50 per mile round trip)	
	Bus fare or Train Fare	
	Air Fare	

Total Transportation Expense | |

Per Diem

	Number of Days in state ($50 per day) (Department Convention and Organizational Meeting)	

Per Diem Subtotal | |

Other (office supplies, parking, stipends, etc.)

Other: _____

Other: _____

Other: _____

Other Subtotal | |

Total Expense* | |

*Mileage and per diem must be submitted within 60 days of the event to be reimbursed.

**District President allowances/expenses related to District activity may be submitted annually but must be acompanied by receipts to be reimbursed.

Signature of Requestor: _____

Reviewed by: _____

Department Secretary: _____

Approved by: Finance Board Chair: _____