



**AMERICAN LEGION AUXILIARY
Department of Illinois
Request For Expense Reimbursement**

Date: _____

1. **Fall Board Meeting**
(Dept Officers, Committee Chairmen, Division & District Presidents are eligible for expense reimbursement)

Per Diem of _____ days @ \$70.00 per day \$ _____

Number of miles _____ @ .20 per mile (Round Trip) \$ _____

2. **Special Meeting**Ⓜ
Div. V.P. & Dist V.P. at Fall Board Meeting or Committee Members who are called in for a meeting by the Dept. Pres.

Number of miles _____ @ .20 per mile (Round Trip) \$ _____

Meal Allowance - \$10.00 \$ _____

3. **Patriotic Conference/Spring Board Meeting** Ⓝ
(Dept Officers, Committee Chairmen, Division & District Presidents are eligible for expense reimbursement.)

Per Diem of _____ days @ \$70.00 per day \$ _____

Number of miles _____ @ .20 per mile (Round Trip) \$ _____

4. **Department Convention**
(Dept Officers, Committee Chairmen and Dept. Convention Chairmen are eligible for expense reimbursement)

Per Diem of _____ days @ \$70.00 per day \$ _____

Number of miles _____ @ .20 per mile (Round Trip) \$ _____

5. **Miscellaneous Expense** – _____ (description)

Per Diem of _____ days @ \$70.00 per day \$ _____

Number of miles _____ @ .20 per mile (Round Trip) \$ _____

Travel Expense (air, train, bus, taxi etc.) \$ _____

Other Expense _____ \$ _____

TOTAL DUE \$ _____

1. Fall Board– 1 day per diem plus travel
2. Special meeting for Div. & District Vice Presidents at Fall Board are allowed travel plus \$10 toward Meal only.
3. Patriotic Conference and Spring Board – 2 days per diem plus travel
4. Department Convention – Officers allowed 4 days plus travel, Committee Chairmen 3 days plus travel
5. To receive per diem you must have stayed in the authorized hotel
6. If meals are served and you do not stay in hotel, partial per diem will be given

NOTE: To be eligible to receive complete expense reimbursement for Board Meetings and Department Convention you must attend all Meetings and Board Dinners. The Finance Chairman will deduct an appropriate amount from submitted expenses if you do not comply.

Approved: _____
Committee Chairman

Name: _____

Address: _____

Approved: _____
Finance Chairman

Capacity: _____

Mileage reimbursement is only available to driver, list any Board or Committee Members who were your passengers.