



# Sons of The American Legion Detachment of Alabama Expense Report

Payable to: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Office Held: \_\_\_\_\_

Explanation/Reason for expenses: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date	* Mileage computed @ 30¢ per mile, plus 5¢ for each additional officer in vehicle, not to exceed 40¢ per mile.				Total	Admin Only		
						Account Number	Amount Budgeted	Amount Approved
<b>TRANSPORTATION</b>								
	Miles	Additional Officer Name(s)	# Add'l Officers	Rate *				
<b>LODGING</b>								
<b>MEALS</b>								
		Breakfast	Lunch	Dinner				
<b>OTHER</b>								
				<b>TOTALS</b>				

**X** \_\_\_\_\_  
 Detachment Officer

**X** \_\_\_\_\_  
 Detachment Finance Officer

**Submit to:**  
 ANDREW CHERRY  
 DETACHMENT ADJUTANT/FINANCE OFFICER  
 86 Sterling Dr.  
 Elmore, AL 36025

Office Use Only	
Received	
Approved	