



# 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:**

**STEVE BOWLING  
DETACHMENT FINANCE OFFICER  
155 LOWE ROAD  
HAZEL GREEN, AL 35750**

Official Use Only	
Expense Report Number	
Received	
Approved	