



**American Legion Post 543
St. James, North Carolina
"Veterans still Serving America"**

EXPENSE REPORT

Purpose of Expense: _____

Acct No.	Date	Description	Transportation/Mileage (.14/mi.)	Lodging	Other	Total
					\$	\$
					Subtotal	\$
					Less cash Advanced	
					0	
					Total due to you	\$

Legionnaire Printed Name _____

Legionnaire Signature: _____

Date: _____

Approved By: _____

Date: _____

Receipts must be attached to expense form.