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

EXPENSE REPORT

(Revised July 8, 2019)

Purpose of Expense:
_____

Legionnaire Name:
_____

Acct No.	Date	Description	Transportation /Mileage (.14/mi.)	Lodging	Other	Total
				Subtotal		
				Less Cash Advance		
				Total Due To You		

Legionnaire Signature: _____ Date: _____

Budget Lead Signature: _____ Date: _____

Finance Officer Signature: _____ Date: _____

Receipts must be attached to expense form