**SOUTH DAKOTA AMERICAN LEGION AUXILIARY**

23782 136th Street Firesteel, SD 57633

***EXPENSE REPORT***

Expense Reports must be filed  ***within 90 days*** of the Event with the Department Executive Secretary to claim any expenses incurred. Expenses will be reimbursed at the rates approved by the Finance Committee.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your program and title Position: Date:\_\_\_\_\_\_\_\_\_\_

(Example: Americanism, Community Service; etc.)

Event: Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Housed at: Arrival Date:

Room shared with: Departure Date:

***1*** – ***Share of Housing Subtotal***

1. ***MEAL ALLOWANCE:*** Based on $10 for ***In State***; $25 for ***Out of State*** (NOT ACTUAL COST OF MEAL)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Day of Week | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
| **Date** |  |  |  |  |  |  |  |
| ***In State*** | $10 | $10 | $10 | $10 | $10 | $10 | $10 |
| ***Out of State*** | $25 | $25 | $25 | $25 | $25 | $25 | $25 |

***2 – Meal Subtotal***

1. ***TRANSPORTATION:***

Transportation - # of miles (round trip) X $0.30

Miles from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_=\_\_\_\_\_\_\_\_\_\_\_

Miles from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_=\_\_\_\_\_\_\_\_\_\_\_

***3 – Transportation Subtotal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  I did not drive – I was a passenger of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ***Receipts are required for all expenses including meals.***

* 1. ***– Other Expenses Subtotal***

* 1. ***– TOTAL 1+2+3+4=***

Law requires a signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_