

**American Legion Post 543 St. James, North Carolina**

***“Veterans still Serving America”***

**EXPENSE CLAIM FORM**

**Legionnaire Name:** Click to enter **Last**Name, **First**Name

**Address, State, Zip:**  Click to enter Address

**Phone Number:**  Click to enter Phone

**Expense Purpose:**  Click to enter text

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Budget Line Item** | **Date of Expense** | **Description** | **Transportation /Mileage**  **(.14/mi.)** | | **Lodging** | **Other (Meals etc.)** | **$ Total** |
|  |  |  |  | |  |  |  |
|  |  |  |  | |  |  |  |
|  |  |  |  | |  |  |  |
|  |  |  |  | |  |  |  |
|  |  |  |  | |  |  |  |
|  |  |  |  | |  |  |  |
| Expense Log # | | | | Total Claimed: | | |  |
| Check # | | | | Less any Cash Advance: | | |  |
| Check Issue Date: | | | | Total Due To You: | | |  |
| Approval Date & Authority: | | | | | | | |

Legionnaire Signature: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

*(Receipts must be attached to expense claim)*

Budget Lead Signature: \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Finance Officer Signature: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

(Receipts must be attached to expense claim)