

**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)