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

EXPENSE CLAIM FORM

Legionnaire Name: Click to enter LastName, FirstName
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 (.35/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)