DELEGATE REIMBURSEMENT
Claim VOUCHER

To: American Legion Post # 159
P.O. Box 326
Bryan, Texas 77806

From: _____

_____

_____ ZIP _____

Claim for reimbursement for authorized convention delegate expense is made as follows:

NAME OF CONVENTION; _____

DATE: _____ CITY: _____

REGISTRATION FEE:	$_____	
LODGING:	$_____	
MILEAGE:	$_____	
OTHER:	$_____	
TOTAL REIMBURSEMENT:	$_____	(_____) CODE

I hereby certify that this claim is true, correct and unpaid.

SIGNATURE: _____ DATE: _____

NOTICE: . Post by-laws govern the items for which you may be reimbursed. You must be an authorized delegate and your name must appear on delegate certification form . Registration and lodgings receipts must be attached at the time of submission. Mileage is determined by the official TX DOT mileage chart Name of claimant on original receipts must agree with authorized delegate. Substitutes and or trade-off claim arrangements will not be accepted. Altered or photo- copy of receipts are not acceptable and will thus cause the claim to be returned unpaid.

////////////////////////////////////FOR ACCOUNTING USE BELOW//

17055- Leadership Conference
17062- Convention Department of Texas
17067- Convention Division
17068- Convention District

PAID BY CHECK #_____

DATE OF PYMT: _____

Revised 3-01-2006