MEMBER MILEAGE REIMBURSEMENT

CLAIM VOUCHER

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

_____
(DATE)

FROM: _____

_____

_____

Claim for reimbursement for mileage authorized by Post By-Laws or by approval of the Post Executive Committee is hereby requested. The purpose of the trip is to be identified and will be charged to the budget IAW current procedures.

TRIP # 1

Purpose:_____

_____

(DATE)	(FROM)	(TO)	(TOT MILES)	* (PROGRAM)
(DATE)	(FROM)	(TO)	(TOT MILES)	* (PROGRAM)

TRIP # 2

Purpose: _____

_____

(DATE)	(FROM)	(TO)	(TOT MILES)	* (PROGRAM)
(DATE)	(FROM)	(TO)	(TOT MILES)	* (PROGRAM)

I, _____; do hereby certify that this claim is in furtherance of Post business , it is true, correct and unpaid.

- Use budget codes// Do Not charge Convention mileage,. Use Delegate Reimbursement form for such claims.
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>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>ACOUNTING USE ONLY<<<<<<<<<<<<<<<<<<<<<<>>>>>>>>>>>

TOTAL MILES :_____ @ _____= $ _____

CHECK # _____ DATE:_____

Rev: 4/1/2006