

## Sons of The American Legion – Detachment of Iowa Expense Voucher

**Important Information:** Reimbursement for travel shall be in accordance with the Detachment Operating Structure. Per diem allowance is only for travel in which an overnight stay is authorized. Per diem requests must be documented with a hotel receipt. Receipts must be provided for all requested reimbursements excluding mileage. All expense vouchers must be submitted to the Department Adjutant, via the Detachment Finance Officer, by the 15<sup>th</sup> of the month following the month of incurment. Expense vouchers and supporting documentation should be submitted to: The American Legion of Iowa, 720 Lyon Street, Des Moines, IA 50309.

Name:	<hr/>	Office or Position:	<hr/>
Address:	<hr/>		
City, ST Zip:	<hr/>		
Phone:	<hr/>		

Purpose of meeting / function: 

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Authorized travel from: 

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 (City, ST) to 

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 (City, ST)

Authorized dates: 

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 (Month DD, YYYY) to 

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 (Month DD, YYYY)

Total round trip mileage: 

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 miles at \$0.45 per mile \$ 

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In state per diem: 

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 days at \$50.00 per day \$ 

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Out of state per diem: \$ 

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Meetings held in Indianapolis, IN \$ 

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Meetings held in Washington, DC \$ 

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National Convention \$ 

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Other authorized expenses: 

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 \$ 

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**Reimbursement Subtotal: \$ 

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**Donations to American Legion / SAL Programs:**

SAL, Detachment of Iowa	\$ <hr/>	National Emergency Fund (NEF)	\$ <hr/>
American Legion of Iowa Foundation:	\$ <hr/>	Child Welfare Foundation (CWF)	\$ <hr/>
American Legion, Dept. of Iowa	\$ <hr/>	Legacy Scholarship Fund	\$ <hr/>
Hawkeye Boys State	\$ <hr/>	American Legion Endowment Fund	\$ <hr/>
Other <hr/>	\$ <hr/>	Member Training & Development	\$ <hr/>

**Total Donation: - \$ 

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Detachment Finance Officer initials: 

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**Total: 

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Department Adjutant initials: 

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For Accounting Use Only			
Vendor #		Check #	
Account #		Amount:	
Account #		Amount:	

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 Signature

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 Date