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 15th 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: _____ Office or Position: _____

Address: _____

City, ST Zip: _____

Phone: _____

Purpose of meeting / function: _____

Authorized travel from: _____ (City, ST) to _____ (City, ST)

Authorized dates: _____ (Month DD, YYYY) to _____ (Month DD, YYYY)

Total round-trip mileage: _____ miles at $0.45 per mile $ _____

In state per diem: _____ days at $50.00 per day $ _____

Out of state per diem: $ _____
- Meetings held in Indianapolis, IN $ _____
- Meetings held in Washington, DC $ _____
- National Convention $ _____

Other authorized expenses: _____ $ _____

Reimbursement Subtotal: $ _____

Donations to American Legion / SAL Programs:
- SAL Campaign Fund $ _____
- American Legion of Iowa Foundation $ _____
- American Legion, Dept. of Iowa $ _____
- Hawkeye Boys State $ _____
- Other _____ $ _____
- National Emergency Fund (NEF) $ _____
- Child Welfare Foundation (CWF) $ _____

Total Donation: - $ _____

Detachment Finance Officer initials: _____

Total: _____

Department Adjutant initials: _____

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

_____
Signature

_____
Date