

Daugherty Hamilton American Legion Post 234 EXPENSE REPORT

NAME _____

PURPOSE _____

PHONE _____

WEEK OF _____

Transportation	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Total
Total Auto miles x .50								
Parking and tolls								
Taxi								
Transportation Total								
Meals and Lodging								
Hotel, (including parking, tips)								
Breakfast								
Lunch								
Dinner								
Other meals								
Meals and Lodging Total								
Per Day Total								
TOTAL EXPENSES:								

Attach all receipts and turn in to Financial Officer