

Daugherty Hamilton American Legion Post 234

# EXPENSE REPORT

NAME \_\_\_\_\_

PURPOSE \_\_\_\_\_

PHONE \_\_\_\_\_

WEEK OF \_\_\_\_\_

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

Attach all receipts and turn in to Financial Officer