THE AMERICAN LEGION
DEPARTMENT OF VERMONT

EXPENSE ACCOUNT

DATE: _____ **TO:** _____

DATE	ITEMIZE EXPENSES	MILEAGE	OTHER EXPENSES
	TOTALS	**$**	**$**

SUBMITTED BY: _____ DATE: _____
Signature & Title

APPROVED BY:
Department Adjutant _____ DATE: _____
Department Finance Officer: _____ DATE: _____