

Travel and Expense Voucher Instructions

- **Per Diem travel rates are \$30.00 for the first and last days and \$40.00 all other days. Use of a personal vehicle will be reimbursed at the rate of .40 cents per mile.**

Per Diem Travel Rates

| First Day | Other Days (Full Days In Between) | Last Day | |
|-------------|-----------------------------------|-----------|----|
| Date | Dates thru | Date | |
| 1 @ \$37.50 | No# of Days @ \$50.00 = | 1 @ 37.50 | \$ |

1. All expenses should pertain to business on behalf of The American Legion Department of Missouri, Inc. Expenses should be kept within reasonable limits.
2. Each individual should complete a voucher (in ink or typed). Only expenses in the Department budget or approved by the D.E.C. will be reimbursed.
3. Actual and reasonable documented lodging (original receipts) will be reimbursed. Lodging and meals will only be reimbursed for away from home overnight travel.
4. Expenditures should be recorded at or near the time incurred. A separate receipt must be attached for expenditures of \$25.00 or greater. Each individual should retain a copy for his or her records.
5. A travel advance may be obtained but a voucher reflecting actual incurred expenses must be filed. If actual expenses are less than travel advance the remainder will be returned to the Department.
6. All expenses may not be covered. Good judgment should be exercised in making expenditures and claims.
- 7. Vouchers should be completed and submitted within a month of incurred expenses. Delays may be permitted at the discretion of the Department Adjutant or the Department Finance Officer.**

**Thank you for keeping expenses reasonable and for your dedication to
The American Legion**

**American Legion Department of Missouri, Inc., P.O. Box 179, Jefferson City, MO 65102-0179
Travel Voucher**

| | |
|--|---|
| Name (Please Print) | <input type="checkbox"/> Officer, Title _____ |
| | <input type="checkbox"/> Employee, Title _____ |
| Address | For expenses From _____ Thru _____ |
| City _____ State _____ Zip Code _____ | Total Days Away From Home _____ |
| Purpose of Travel | Personal Days Included _____ |

Transportation (Officers and Employees)

| Date | From | To | Type | Class | Own Auto Mileage | Own Auto Rate 0.50 | Net Cost | Other | Total |
|--------------------------------|------|----|------|-------|------------------|--------------------|----------|-------|-------|
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |
| 5. | | | | | | | | | |
| 6. Total add (1 thru 5) | | | | | | | | | \$ |

| | |
|--|-----------------|
| 7. Per Diem * See Instructions On Reverse | Total \$ |
|--|-----------------|

Living Expenses – Other Than Meals – On A Daily Basis

| Date | City | Lodging Attach Receipts | Transportation (Bus, Taxi etc.) | Phone | Laundry & Valet | Other (explain) | Total |
|----------------------------------|------|-------------------------|---------------------------------|-------|-----------------|-----------------|-------|
| 8. | | | | | | | |
| 9. | | | | | | | |
| 10. | | | | | | | |
| 11. | | | | | | | |
| 12. | | | | | | | |
| 13. | | | | | | | |
| 14. Total add (8 thru 13) | | | | | | | \$ |

Legion Business Meetings And Entertainment

| Date | Description Of Expense | Name Of Location & City | Purpose | Total |
|-----------------------------------|------------------------|-------------------------|---------|-------|
| 15. | | | | |
| 16. | | | | |
| 17. | | | | |
| 18. Total add (15 thru 17) | | | | \$ |

Other Expenses

| Date | Description | Total |
|-----------------------------------|-------------|-------|
| 19. | | |
| 20. | | |
| 21. | | |
| 22. | | |
| 23. Total add (19 thru 22) | | \$ |

Total For This Page

| | |
|--|-----|
| 24. Add Totals In Boxes 6. , 7. , 14. , 18. , & 23. | \$ |
| 25. Less Cash Advance / Reimbursements | -\$ |
| 26. Total Net Amount Due | \$ |

I hereby certify that I have incurred claimed expenses on behalf of, The American Legion Department Of Missouri, Inc.

Signature _____ Date _____

Office Use Only

Approved _____ Date _____