

Detachment of Tennessee Expense Report

SAL Expense Reimbursement (Please Print)

Member Information

- Name: _____.
- SAL Membership #: _____.
- Office/Title Held: _____.
- Mailing Address: _____.

Travel : Mileage & Lodging Details (receipt for lodging must be attached)

- Purpose of Travel: _____.
- Travel Dates : _____.
- Mileage @ \$0.45 : \$ _____.
- Lodging (Mid-Winter/Convention Only) : \$ _____.

Total Reimbursement:

\$ _____.

NOTE : To ensure reimbursement, expense reports must be submitted (receipt attached) within 30 days of the date incurred and remain in full compliance with the officer's SOP requirements. Expense Reports are to be Submitted to Debi@tnlegion.org and copied to the Detachment Adjutant Bryan Hine bfhine@gmail.com

Signature & Date: _____.