

The American Legion, Department of Tennessee
318 Donelson Pike
Nashville, TN 37214

Email: Adjutant@TNLegion.org

MONTHLY EXPENSE FORM

FROM:

YOUR POSITION:

DATE	NAME OF PERSON VISITED	MILES x \$.36	Hotel	Misc.	Sub-total

TOTAL CLAIMED

Note: You must indicate the name of the senior person visited at each post if you are claiming mileage. This claim form is for expenses with your respective area only. Receipts are necessary for all claims, including postage, meals, and hotel stays, etc. File claims within 30 days for travel or expense, preferably by the 5th of each month.

SIGNATURE _____

DATE _____

