AMERICAN LEGION OF OKLAHOMA

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TRAVEL REIMBURSEMENT CLAIM

Claimant: _____ Position/District _____

Address_____ City _____ Zip _____

TRAVEL PURPOSE _____

Date	Show point travel status began, points visited, and point travel status ended	Transportation/Mileage	Lodging	Per Diem Amount	Other	Total
Column Totals						
					Total Miles @ _____	
					Lodging	
					Per Diem / Other	
					Total due	

The undersigned, upon oath do depose and say that I have full knowledge of the above and foregoing account, that said account is just, correct, due and according to the rules and procedures of The American Legion of Oklahoma, and that the amount claimed, after allowing all just credits, is now due and wholly unpaid, and that I am duly authorized to make this affidavit.

Claimant _____ Date _____

I hereby approve this claim for payment and certify it complies with the travel policies of The American Legion of Oklahoma.

Department Approving Official _____ Date_____

Receipts must be attached to expense form.

Payable Account # _____