THE AMERICAN LEGION, DEPARTMENT OF MICHIGAN **EXPENSE VOUCHER**

Name: _____ Title _____ Date _____

Date	City/Event	Mileage	Mileage Rate .51	Lodging	Telephone	Postage	Awards	Supplies	Other	Total

Grand Total _____

Signature _____

Address _____

_____ Telephone _____

Comments:

_____

_____