

THE AMERICAN LEGION – DEPARTMENT OF NEW YORK

PAYEE: NAME: _____
ADDRESS: _____

DESCRIPTION	COMMITTEE	TOTAL
(Attach schedule if more space is required) (Please include receipts)	Sub-Total	\$
Reimbursement from National		
Net Amount to be Paid		\$

I hereby certify that the foregoing account is true to the best of my knowledge and belief.

_____ Date _____ Signature

FOR DEPARTMENT USE ONLY

BUDGET SUMMARY	AMOUNT
Net Amount To Be Paid	\$

_____ DEPARTMENT ADJUTANT

_____ DATE PAID

_____ CHECK NUMBER