TRAVEL STATEMENT

This form will be used by all members of the Department Executive Committee to request travel payment on OFFICIAL LEGION BUSINESS. Complete all sections of this form in detail and mail to:

The American Legion
Department of Georgia
3035 Mt. Zion Road
Stockbridge, GA 30281-4101

This form should be filed for travel during the immediate preceding month; including the date(s) of departure, place(s) visited, total number of miles traveled and the nature of business for which travel payment is requested. Please supply lodging receipts if payment is being requested on lodging.

Payment will be made to Department Executive Committee members at the rate of $0.25 per mile traveled.

Remitted By

Mailing Address:

Date:	From:	To:	Miles:	Reason:
		Total Miles:		X 0.25 = $
				Hotel = $
				TOTAL = $

Above information certified to be correct.

Signature: _____ Date: _____