SONS OF THE AMERICAN LEGION
DETACHMENT OF VERMONT
EXPENSE ACCOUNT

DATE:_____ **TO:**_____

DATE:	ITEMIZE EXPENSE	MILEAGE	OTHER EXPENSES
TOTALS		$	$

SUBMITTED BY_____ Date:_____
Signature and Title

APPROVED BY:

Department Finance Officer_____ Date:_____

Detachment Finance Officer_____ Date:_____

PLEASE MAIL FORM TO: **Norman Scolaro**
158 Moscow Woods Road
E. Calais, Vermont 05650
norbsco@comcast.net