

**POLISH LEGION OF AMERICAN VETERANS
NATIONAL DEPARTMENT
LADIES AUXILIARY**

TRAVEL AND EXPENSE VOUCHER

Officer's Name

Title

Travel from (City & State)

To: Destination (City & State)

Date of Arrival

Number of Days

Date of Departure

Name of Hotel:

Mode of Travel: Auto _____ Train _____ Plane _____ Other _____

Lodging _____

Transportation _____

Other, if any _____

(Itemize below of reverse)

Total Expense _____

Date: _____ Officer's Signature: _____

APPROVED:

Chairman or member of
Audit Committee

President's Signature