

Sons of The American Legion – Detachment of California



REIMBURSEMENT FORM

Requested by: _____ Date: _____

Position/office held: _____

Mailing address: _____

Best phone: _____

Email Address Required _____

For: *(Please explain travel, event, or other reason for request for reimbursement including dates and location[s]. If the request is for mileage, please furnish a “MapQuest” type print-out with miles substantiated)*

Please save the completed form with all receipts attached and email as an attachment.

Email completed form:

Alex Kay

Detachment Finance Officer

bobcat417@outlook.com

Or mail via USPS to:

Alex Brandon, Adjutant

PO Box 290007

Phelan, CA 92329