**ROYAL CANADIAN LEGION**

**To: District F Treasurer**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| General |  |  | Name |  |
| Hospital Trust |  |  | Address |  |
| Youth Education |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Date: |  |  |  |  |
| Office Held: |  |  |  |  |
| Vouchered By: |  |  | Approved By: |  |

**Details of visits including dates.**

 **Amount Attach hotel, telephone receipts etc.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Automobile** |  | **@$.70/km** |  |  |
|  |  | **@$.70/km** |  |  |
|  |  | **@$.70/km** |  |  |
|  |  | **@$.70/km** |  |  |
|  |  | **@$.70/km** |  |  |
|  |  | **@$.70/km** |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Hotel Actual Charge** |  |  |  |  |
| **No. of Days**  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Meals Total** |  |  |  |  |
| **Other Expense** |  |  |  |  |
| **Other Expense** |  |  |  |  |
| **Office Expense** |  |  |  |  |
|  |  |  |  |  |
| **Telephone** |  |  |  |  |
| **Registration** |  |  |  |  |
|  |  |  |  |  |
| **Total** |  |  |  |  |