



DATE \_\_\_\_\_

ATTACH ALL RECEIPTS OR INVOICES TO THIS FORM  
MAKE A COPY FOR YOUR FILES

## Reimbursement Form

THE AMERICAN LEGION AUXILIARY OF IOWA  
720 Lyon Street, Des Moines, IA 50309

515-282-7987

FAX 515-282-7583

e-mail: [alasectreas@ialegion.org](mailto:alasectreas@ialegion.org)

CHECK TO \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/ST/ZIP \_\_\_\_\_

ACCOUNT	DESCRIPTION	TOTAL PRICE

Approved \_\_\_\_\_ Date Approved \_\_\_\_\_

NOTES:

\_\_\_\_\_  
Signature of Iowa Department  
Executive Director