



Department of Colorado
 American Legion
 7465 E. 1st Street
 Denver, CO 80230
 303-366-5201

INVOICE NO. _____

Date: _____

What program are you submitting for:

Legion Family Reimbursement

Business Vendor

Remember to include W-9 for Business vendors

Name:
Address:
City:
State:
Zip code:
Phone:
Email:

Name:
Address:
City:
State:
Zip code:
Phone:
Email:

For mileage submission please indicate starting and ending point in description. Please include any receipts with your invoice. Remember if you are submitting an invoice for a business you MUST include a W-9 for that business with your voucher. Estimated time for payment is 8-10 days. All reimbursement comes for The National American Legion Headquarters in Indianapolis, Indiana. If you have any questions please call the Department of Colorado American Legion Headquarters at 303-366-5201. Or email Jhalvick@legion.org or jlish@legion.org

DESCRIPTION	R/T MILEAGE	FOOD	OTHER
			TOTAL

Submitted by: _____	Date: _____
Received By: _____	Date: _____