



AMERICAN LEGION AUXILIARY
Department of California

**Temporary Financial Assistance
Check Record**

FAX Request to: 415 861-8365 or Mail to: Department Office

| | |
|---------------------|--|
| Case Number | |
| Date of Request | |
| Amount of Request | |
| Payable To | |
| Title | |
| Address | |
| | |
| Unit Name/Number | |
| District Number | |
| Purpose of Check | |
| | |
| Chairman's Comments | |
| | |
| Approved By | |
| Title | |

For Office Use Only

| | |
|---------------|--|
| Check Number | |
| GL Code | |
| Date of Check | |
| Approved By | |