



**AMERICAN LEGION AUXILIARY**  
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**Temporary Financial Assistance  
 Check Record**

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	

**Submit to: Department Office**