AMERICAN LEGION AUXILIARY

Department of California

Temporary Financial Assistance - Hospital Representative/CBOC Deputy Receipt/Expenditure of Funds

Check Number	Case Number	Month

This form must be filled out and signed by Hospital Representative/CBOC Deputy and family receiving assistance.
Retain one copy for your files and forward one copy to the Department VA&R Chairman within thirty (30) days of receipt.

Expenditure of Funds	
Breakdown of Funds	Dollar Amount
Food	
Clothing	
Rent	
Medical	
Utilities	
Miscellaneous	
Amount Received	
Amount Advanced on Case	
Balance (Refund to Department Office	

Signature of Family Receiving Assistance Date

Signature of Hospital Representative/CBOC Deputy Date