



AMERICAN LEGION AUXILIARY
Department of California
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HOSPITAL REPRESENTATIVE EXPENSE SHEET

Check Number _____ Check Amount \$ _____

This form must be filled out, signed and returned to the Department VA&R Chairman prior to Mid-Year Meeting. A new form will be sent with the second half allowance and must be returned to the Department VA&R Chairman. **Copy of report & original receipts to be sent to the Department Office prior to May 1st.**

Expenditure of Funds	
Dates of Reporting/Expense Items	Breakdown of Funds
Hospital Representative Allowance for: Jul - Dec 2013 Or Jan - Jun 2014 Report only items directly related to the business of representation Mileage: _____ Phone: _____ Supplies: _____ _____	Total Amount of Allowance Used Jul - Dec \$ _____ Or Jan - Jun \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Dates At Facility

Use the back of report, if necessary

 Signature of Hospital Representative Name of Medical Center

 Home Address
 Email: _____ Phone # _____