



**AMERICAN LEGION AUXILIARY**  
**Department of California**  
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## GIFT SHOP/PATIENT REMEMBRANCE EXPENSE SHEET

Check Number \_\_\_\_\_ Check Amount \$ \_\_\_\_\_

This form must be filled out, signed and returned to the Department VA&R Chairman with copy of receipts prior to Mid-Year Meeting. Copy of report and original receipts are to be sent to the Department Office.

| <b>Patient Remembrance Report</b> |       |                       |
|-----------------------------------|-------|-----------------------|
| # of Patients Served              | Items | Amount Spent on Items |
|                                   |       | \$                    |
|                                   |       | \$                    |
|                                   |       | \$                    |
|                                   |       | \$                    |
|                                   |       | \$                    |
| <b>Gift Shop Report</b>           |       |                       |
| # of Patients Served              | Items | Amount Spent on Items |
|                                   |       | \$                    |
|                                   |       | \$                    |
|                                   |       | \$                    |
|                                   |       | \$                    |
|                                   |       | \$                    |
|                                   |       | \$                    |

\_\_\_\_\_  
 Signature of Hospital Representative                      Name of Medical Center

\_\_\_\_\_  
 Home Address  
 E-mail: \_\_\_\_\_ Phone # \_\_\_\_\_