



AMERICAN LEGION AUXILIARY

Department of California
401 Van Ness Avenue, Room _____
San Francisco, California 94102-4522
(415) 861-5092 FAX (415) 861-8365
E-mail: calegionaux@calegionaux.org

District # _____
Unit # _____
Poppies Ordered _____
Prepaid _____ **Owe** _____

Poppy Financial Report - Year 2017-2018

Due June 1 2018

Complete and send this report and check(s) to the Department Office

From Poppy Code 4. Each Unit must file a Poppy Financial Report whether or not a profit was made. A Unit not distributing poppies must also file a report. Failure to comply shall disqualify a Unit from convention representation. (2001)

Paying for Poppies at this Time:

Check # _____ \$ _____

10% of Receipts from Poppy Distribution (A separate check must be issued.) (Use work space below to determine total.)

Check # _____ \$ _____

Total amount received for poppies offered	\$	
Less cost at 18 cents each paid to Department	-	(No other expenses may be deducted)
Equals Net Receipts		
10% of Net (multiply net above by .10)	-	(Place this figure above)
90% of net retained by Unit	\$	

Information Regarding Distribution

Total Number of Poppy Workers _____ Seniors _____ Juniors _____ Others _____
Total Offered _____ Total Held for Other Purposes _____

Signatures (Must Be in Ink)

Unit Poppy Chairman

Unit Treasurer

Unit President

Date

One Copy: Mail to Department Office with Payment / 10% of Net

**One Copy: Submit to Department Poppy Chairman:
Tamra Duron durotl1057@sbcglobal.net**