



American Legion Auxiliary
Department of California

District Audit Form

District Number _____

District President: _____

Address: _____

Period for which Audit was Completed: _____

Date Audit was Completed: _____

A review of all checks, income receipts, ledgers, and bank statements were reviewed finding the books to of this District are in order and I certify that an Audit was completed.

President's Signature: _____

Audit Committee: _____

This form is to be completed by all Districts and signed by the District President and all Audit Committee Members no later than August 31st.

District Presidents are to provide copy of this Audit Form to the Department Office no later than October 30th.