



Department of California California Disaster Fund Unit Monthly Review

This form must be filled out monthly on all Department California Fund case(s). This form will be provided to the Unit. The Unit Point of Contact must complete the report and be return it within thirty (30) days of receipt to the Department Community Service Chairman.

Member: _____ Date of Occurrence: _____

Case Number: _____ Unit #: _____ District: _____

Unit Point of Contact: _____ For the month: _____

Expenditure of Department Funds

Check Number: _____ Date of Check: _____ Amount of Check: _____

How were the funds spent? _____

Are receipts enclosed? Yes No If not, why? _____

How many times has the member been visited/contacted since the Department check was received?

What progress has been made to secure local assistance since the case was brought to your attention?

Additional remarks on changes in this case since the last report _____

Are you closing this case? Yes No.

If yes, indicate the reasons this is possible:

If recommending continuance of the case and additional financial assistance, attach a letter from the Unit outlining the details of the request and why it is needed.

(When possible, please attach copies of any repair estimates, statements from FEMA, or local Law Enforcement, photographs, etc) to support this request.)

Report completed by Unit Point of Contact:

Printed Name/Title Signature Date

The Unit shall complete and return the monthly review within thirty (30) days of receipt to the CA Department Community Service Chairman.

Rebecca Glenny, 2024-2025
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For Department Use Only			
Date Received		Case Number	
Case Status	<input type="checkbox"/> Closed <input type="checkbox"/> Continuing		
Additional Funding:			
Community Service Chairman <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended			
_____ Signature		_____ Date	
Chairman of the Finance Committee <input type="checkbox"/> Approved <input type="checkbox"/> Denied			
_____ Signature		_____ Date	
Department President <input type="checkbox"/> Approved <input type="checkbox"/> Denied			
_____ Signature		_____ Date	
Date Approved		Approved amount	
Check Record request sent to Department:			
If denied, reason:			