

AMERICAN LEGION AUXILIARY Department of California

Temporary Financial Assistance Check Record

FAX Request to: 415 861-8365 or Mail to: Department Office American Legion Auxiliary Department of California

American Legion Auxiliary Department of California San Francisco War Memorial Building 401 Van Ness Avenue, Ste 319 San Francisco, CA 94102-4570

| Case Number | |
|---------------------|--|
| Date of Request | |
| Amount of Request | |
| Payable To | |
| Title | |
| Address | |
| | |
| Unit Name/Number | |
| District Number | |
| Purpose of Check | |
| | |
| Chairman's Comments | |
| | |
| Approved By | |
| Title | |

| For Office Use Only | |
|---------------------|--|
| Check Number | |
| GL Code | |
| Date of Check | |
| Approved By | |
| | |