



AMERICAN LEGION AUXILIARY

Department of California

**Temporary Financial Assistance - Unit
Receipt/Expenditure of Funds**

Check Number	Case Number	Month
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This form must be filled out and signed by Unit VA&R Chairman
and family receiving assistance.

Retain one copy for the Unit files and forward one copy to the
Department VA&R Chairman all within thirty (30) days of receipt.

Expenditure of Funds	
Breakdown of Funds	Dollar Amount
Food	
Clothing	
Rent	
Medical	
Utilities	
Miscellaneous	
Amount Received	
Amount Advanced on Case	
Balance (Refund to Department Office)	

Signature of Family Receiving Assistance Date

Signature of Unit VA&R Chairman Date

Department VAR Chairman